

## Review Article

# Coping Styles in Patients Addicted to Alcohol in Rehabilitation

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### Abstract

The objective of the research was to characterize the coping styles present in a group of 30 alcoholic patients, who were diagnosed and undergoing rehabilitation in the Psychiatric Hospital of La Habana. They were given a structured interview, the Lazarus coping test. As a result it was obtained that the group introduced substantial modifications in the coping styles of related to the search for social support granting new meanings to their family ties, attending therapy in health institutions and communicating with a large group of people. In addition, they assume styles of coping with alcoholism that are focused on solving the problem, reassessing positively the experience of addiction. They accept responsibility for their behavior during the consumption phase and develop actions aimed at affectively recovering the family, developing self-control of their emotional impulses and appealing to social support. The recovery of the family ties, as well as the respect of the family and the society is considered. Its projection focuses on recovering the values lost during the period of consumers.

**Keywords:** coping styles; alcoholism; social support; abstinence

### Introduction

Addictions are one of the scourges that most affect humanity. The destructive power and elements that make it difficult to approach make the situation as catastrophic for those who suffer it. The substances whose consumption affects consciousness, personality and behavior seem to go back to the dawn of humanity. Primitive man, in his stage of collector, began to be interested in the effect of plants for healing and religious purposes. In this way he accumulated rudimentary knowledge that would later be exclusive to an elite of shamans, sorcerers, sorcerers and priests whose magical powers were based, to a large extent, on the supposed communication with supernatural forces or spirits during their hallucinogenic experiences that soon were transmitted to Their descendants directly, even many thousands of years before the writing appeared [1]. Also, it can be seen that the consumption of these substances is very old and has been used in various ways. Before the emergence of pottery 10,000 years ago, the effects of fermented fruits on the water deposited in the roots of trees may have existed, but it was not feasible to consume as a social phenomenon without deposits that allowed them to be stored [2].

From the sixties of the twentieth century, the massive incor-

poration of the drug into the hedonic, competitive, individualistic and anti-compassionate lifestyle [3] that proliferates in consumer societies is more clearly established. This coincides with the nefarious and growing characterization of the drug as a commodity. They purified their active principles, and facilitated by the hippy movement, reached the status of fashion. Drug is understood, in its broadest sense, any substance capable of determining any change in the organism when it is consumed. The drug is a natural or synthetic substance, medical or non-medical, legal or illegal of psychoactive effect and whose excessive and/or prolonged consumption determines tolerance and dependence, as well as diverse biological, psychological, social or spiritual affections, in its restricted concept [2]. Its psychic effects are indifferently depressing or distorting stimuli of reality. Its final consequences affect the human being in its bio-psycho-social-cultural and spiritual levels [4].

The drug is a very complex problem that affects who consumes it, its family and the society of general way. The misuse of this can only be comparable in its human meaning with wars, famines, natural disasters and extreme misery. It does not take into account the level of schooling, occupation, marital status, social status, class or culture of origin, goes beyond any ideology, political affiliation, philosophical position, religious faith, human quality or sexual preference. A pandemic that does not respect age, sex, race or nationality. Among the main health problems worldwide are the

harmful consequences of abusive use of psychoactive substances, legal and illegal drugs and prescription, with an increase in morbidity and mortality. In the case of Cuba, three substances, coffee, tobacco and alcohol are consumed. Adding the prevalence of abuse and dependence of these substances, approach 4% in the population over 15 years and there is another 10% of inhabitants with patterns of consumption not recommended. With regard to the use of illegal drugs, it has manifested itself in the last five years as a phenomenon still low in prevalence compared to neighboring countries [5].

Since the end of the 1960s, intensive research work has been done on psychoactive substance abuse. It is estimated that only 20% of the treatment demands are made by women [6]. This is one of the reasons justifying the use of drugs in women as insignificant exceptions to a male reality. The presence of an addiction in the latter is considered the norm and the results obtained towards women have been extrapolated, thus sex is ignored as an explicit factor of influence [7]. Initially, research on coping has been linked to stress. They describe in a general way how individuals face the situations that they consider stressful for them, taking into account the participation of both the cognitions and the affective attitudes that take part in the behavioral regulations [8]. The interesting thing about this question is that Lazarus made clear the need to contextualize the situations to be studied. By means of this variant it is possible to obtain more reliable results, since the styles of coping are modified in the same person without being interested in its problematic, situation or the historical moment in which it is developed, from which derives its dynamic character.

There have been several studies that relate the coping styles with different noncommunicable chronic diseases such as arterial hypertension. They have highlighted negative correlations between emotion-centered coping and the presence of cardiovascular disorders. Other studies at the international level have used the same Lazarus technique, finding significantly lower scores in this style of conflict-oriented coping [9].

In other research on the subject, the same thing was found, that is, they presented coping strategies focused on emotions, as well as elevated avoidance scores as a coping strategy [10]. These results have coincided with national studies [11], emphasizing that they show mostly emotional styles of coping. In turn, they allow us to consider the need to explore the behavior of coping styles in this type of patients at the beginning of the rehabilitation process, so that circumstances would vary.

This research is based on a study of the coping styles of related to alcohol addiction in a group of subjects dependent on this substance. Being structured in two chapters, in the first there is a bibliographical revision with respect to the subject in question. The second is composed of methodological design and analysis and discussion of results. The characterization of coping styles

of includes the identification of the particularities of the social support that can receive or seek these people in the successful confrontation to the tragedy of the consumption of psychoactive substances. Observation of studies with alcohol-addicted patients showed significant difficulties in achieving abstinence in the rehabilitation process. This may be one of the characteristics that has allowed many researchers worldwide to consider it as one of the most important pandemics of our time.

There are difficulties to achieve rehabilitation in patients with addictions, due to the complex mechanisms that determine this phenomenon on a psychological and social level. In addition, obstacles can be perceived in communication where the defenses of self-esteem are found. The same is expressed through mechanisms of minimization or undervaluation, negation, rationalization, conversion of the opposite or Projection and intellectualization. These are frustrated attempts of a conscious nature to protect the self-image, which become significant barriers to the establishment of convictions and decisions with deep affective load. This makes it possible to achieve the goals of abstinence, changes in character and improvement of lifestyle.

The increasing numbers of patients with alcoholism, who travel through different stages before developing alcohol dependence, imposes the challenge of stopping this disease in the areas of health care and education. It is hoped to reach increasingly effective methods to be able to address this problem, since it is known that after passing patients for an internal health service, the follow-up done to many of these shows that a considerable part resumes consumptions. On the other hand, others require new treatments with hospitalization, events occurring that represent a greater social and familial repercussion of the disease, sometimes with juridical transcendence. In all this complex process social support is imposed as an aspect to be taken into account because of the weight it has in the effectiveness of health care in general. The same thing happens in the problem of addictions, an issue that supports family therapies for such purposes. A basic postulate of humanism, with which it is agreed, suggests that the painful experiences that a person has to go through in life may potentially become an opportunity to stimulate human development [11]. This was evidenced in a study with patients with HIV, where personal growth took shape in the adoption of values of high esteem and resulted in a social reintegration of higher quality and social commitment.

Alcoholism is considered as an event of great impact for the life of a person because of its harmfulness and extension of damages. This leads to an affectation to the personality, reason why, its rehabilitation requires that the latter be modified in some way to make the changes are permanent and effective. In that sense, it is of inestimable value to explore the possible modifications that may have arisen in alcoholic dependents in rehabilitation for the

purpose of sustaining abstinence. All these elements motivated the approach of the following objectives:

To characterize the coping styles used in the alcoholic patients studied.

Identify characteristics of social support as coping styles in the alcoholic patients studied.

## Material and Methods

For the accomplishment of this investigation it was based on the methodological theoretical approach of the addictions like social phenomenon. It was demanded to revisit authorized voices on the subject as Ricardo González Menéndez, Humberto García Penedo, Elisardo Becoña Iglesias and Gina M. Galán Beiró, among many others. The contributions of philosophy, sociology and other theoretical positions of social psychology and the historical cultural approach of L. S. Vigostky were also used. All this makes it possible to take advantage of the contributions of each one of these theories, without neglecting its limitations. The methodology is basically framed in the qualitative paradigm, by the possibilities that it offers to address the problems of human subjectivity, combining it with some quantitative analyzes, a suitable perspective for the study of protective psychosocial factors in addicted patients.

### General features

This study was carried out with male rehabilitation patients, with an average age of 47 years, diagnosed as being dependent on alcohol and / or other psychotropic substances in HPH from April 2013 to February 2014. A qualitative analysis of the interview in conjunction with other quantitative techniques.

### Ethical considerations

Prior to commencing this investigation, informed consent was sought verbally and in writing to the persons who would participate. The objectives of the study and their importance were explained individually. They were informed of the voluntary nature of their participation and the confidentiality of the information they would later provide, as well as anonymity.

### Selection of the sample

The sample was selected in a non-probabilistic, intentional way. We worked with 30 cases of male patients who were in rehabilitation during the period of the investigation in the H.P.H from April 2013 to February 2014.

### Inclusion criteria for case studies

Subjects diagnosed as dependent alcoholics who are in the rehabilitation phase.

That they are willing to cooperate with the study.

### Exclusion criteria for case studies.

Alcoholic patients with associated psychiatric comorbidity.

They have cognitive deficits that prevent them from responding to the instruments used.

### Kind of investigation.

The research was carried out with a noexperimental, descriptive and transversal design, since it tries to identify influences of the coping styles that have been observed in a group of dependent alcoholics. Variables are described without previously being manipulated by the researcher, it is transversal because the data are collected in a single time. There is a combination of qualitative and quantitative techniques for data collection and analysis.

## Techniques and Procedures

### Structured interview

**Purpose of the same:** Inquire about the social support received.

**Coping Styles Test (Lazarus and Folkman)** This scale, developed by R. S. Lazarus and S. Folkman, is arguably the most popular instrument for the study of coping. It has been widely used in many national and international research; Is applied in order to explore one of the factors presumably related to the study problem.

### Conceptual definitions.

**Coping Styles (Lazarus and Folkman):** “The set of constantly changing cognitive and behavioral efforts developed to meet specific external and / or internal demands, evaluated as overwhelming or overflowing with one’s resources.”

**Social support:** Social resources accessible and / or available to a person, found in the context of interpersonal and social relationships and which can influence both positively and negatively on the health and well-being of the individuals involved in the process. Its distinctive feature lies in its interactive, dynamic and extensible character throughout the temporal dimension.

**Tolerance:** defined by any of the following items: a) a need for markedly increasing amounts of the substance to achieve the intoxication or desired effect; B) the effect of the same amounts of substance clearly decreases with its continued consumption. **Abstinence:** defined by any of the following items: a) the characteristic abstinence syndrome for the substance; B) the same substance (or a very similar one) is taken to alleviate or avoid withdrawal symptoms.

**Alcoholism:** Any consumption of alcohol that will cause harm to whoever ingests it, to society or both. Pathological consumption of alcohol, which damages the subject and his environment, where abstaining from it implies psychophysiological and behavioral al-

terations known as the withdrawal syndrome. It is recognized by the World Health Organization (WHO) as a disease. **Techniques for the processing and analysis of the data.**

For the quantitative analysis of the data obtained through the Lazarus and Folkman (Lazarus and Folkman) coping styles test, it was classified according to eight subscales (Confrontation, Distance, Self - control, Social support search, Acceptance of responsibility, Avoidance, planning, positive re-evaluation). The scores were added and totals were obtained that delimited which of the categories proposed were those that predominated; This was the mode of coping I use most often.

For the qualitative analysis of the data obtained after the implementation of the Structured Interview and the following steps were followed:

Initial recording of all data provided by subjects with the same wealth as they were exposed.

Interpretation and establishment of categories.

Age	Marital status		Level of education				Occupation		
	Single	Married	Primary	Half	Middle Higher	academic	State Work	Do not work	Own account
47	55%	45%	22%	22%	55%	1%	44%	23%	33%

**Table 1:** Psychosocial characterization of the patients studied.

The 30 patients studied are in the age range of 47 years, while 45% of the group is maintaining a relationship. The average upper level of schooling prevailed with 55%. At the same time the average and primary level stood out for rising with 22% respectively. Finally, as a relevant data, only 1% of the patients had university level. Regarding the employment relationship, it was found that 44% of the patients maintain state labor relations, while 33% belong to the private sector, leaving 23% with no employment relationship at present.

Abstinence time	Consumption	
	Alcohol	Others
29 days	100%	2%

In the previous table it can be evidenced that all the patients studied have been alcohol dependents, although two of them have also used other substances occasionally. This shows a tendency to polydrug use found in our environment [11] (Gárciga, 2006). It should be noted that legal drugs are the initiators par excellence of the promiscuous chain of addiction that leads to policing as the most frequent pattern of consumption [13] (Gárciga, 2010).

Perform a second interpretation to determine if all data were recorded.

Assess the context in which the data were exposed by the subjects.

Then, to determine the central nucleus of social support in the alcoholic patients studied. This technique allowed to process information of open character, after grouping them.

Subsequently, the triangulation method was applied, which is one of the procedures used in ethnographic or qualitative research, whose basic principle is to collect data from different angles, in order to contrast and interpret them [12] (Báxer, 2006). In this research, the methodological triangulation was used to process the data obtained through the instruments used.

## Discussion

To complete this exercise from the results obtained, the analysis of each technique used separately, exposing and discussing them in order to integrate them.

## Analysis By Techniques

### Analysis of the structured interview

A structured interview is applied to describe three fundamental aspects that are the object of the research allowing to respond to social support. The results of the grades are shown below.

### Social support

In this sense, the interview showed that 66% of patients establish uninhibited social relationships with people who do not know or have regular contact, this characteristic stands out as a facilitator in the search for social support. In contrast, 34% referred to avoiding socializing with strangers as a procedure to deal with addiction. Another important element to highlight was that 66% found support in their relatives to transmit the problems that affect them. The search for social support of 24% of the patients interviewed is oriented to establish relationships with people suffering from the same disease, this does not mean that the support they receive in this sense is adequate, this type of support is shown as Effective when carried out in therapeutic processes, in most cases that takes place outside this area does not have the expected results.



Although in the previous items reference is made to the fact that the patients mostly support themselves in their family to talk, at this moment of the interview it was shown that 77% of them have as distinction to express their intimacies to friends or people who are in the same preference group as them. In the meantime, the remaining 23% assume a reserve position in terms of talking about their lives with other people, whether friends or not, making this a possible limitation for social support.

For their part, 77% attributed to the doctors and the family the success of having started in the rehabilitation. While 33% assume responsibility for their start in rehabilitation therapy and another 22% emphasize that it was their partners who contributed to their abstinence. The differences found point to a discreet independence, but reinforced by the predominance of having someone who supports them emotionally. 55% of the interviewees are single, so the emotional support they receive is the majority of their family and doctors. The data presented above establish differences according to revised research and have the same antecedents with rehabilitated addicted patients but with more than two years of abstinence. In the case of the referenced studies, we can appreciate a set of characteristics for which patients have been inspired and governed by values such as: love, humility, discipline, responsibility, acceptance of themselves and others, Perseverance and will. This coincides with the rationale that values act as regulators of behavior [14] (Alfonso, 2008).

It is also important to emphasize that this principle has been included within the psychoeducational objectives of the addiction service of the Psychiatric Hospital of Havana, by promoting values to encourage rehabilitation and personal growth, based on the ideas of José Martí for their validity and transcendence. Communication is framed as the guiding element of these patients in the search for social support. Most cases (77%) are attended by a large number of people to establish communication relationships, which acts as a facilitator for the search for social support.

By way of conclusions it can be expressed that these subjects are bearers of a tendency to change from its future projection. In this sense it is interesting to work with this aspect from the cognitive point of view. Most lacked these skills at the time of rehabilitation. The emotional impact that alcoholism may have caused can be explained by the emotional loss of family members or

Friends of great importance to the subject. In addition, it can be seen that, from their point of view, doctors and family contributed to their success and inclusion in rehabilitation therapy.

It is important to bear in mind that there is an abundance among the patients, testimonies referring to the longing for the recovery of lost values throughout the process of addiction. The explanation of this phenomenon is based essentially on the sub-

jective interpretation that each one makes on the event of the addiction that has crossed. There is presence of a counterproductive element because in the majority of the subjects there are presence of goals, but at the same time they present lack of clear structures for the achievement of the objectives. The fundamental purposes are centered in the recovery of their families, although at the same time they do not think of initiating the change from themselves, as it has been corroborated in the assistance practices, these patients are immersed in an existential vacuum that entails them to be far from the center of change that they must establish in their lives.

As a force mobilizing these subjects to change, it has been possible to see that they cling as a fundamental element to overcome the addiction to the recovery of their family in 88%. This element denotes that its life projects are centered on it, despite lacking well-designed structures to achieve the goal. There is an awareness of rehabilitation as the first step towards the achievement of its objectives. Another element that prevailed was the need for reinsertion (55%) from the acceptance by his colleagues for those who were still working.

The communicative system can be defined as the hierarchical organization of the set of contacts (interpersonal relations) of the subject that expresses the subjective sense that the personality confers on him. In this way the communication becomes the fundamental element for the search in these patients of the social support. It is necessary to express that 77% of the subjects use means of communication with a large number of people. For their part, 66% prefer to pass on their problems to family members.

Meanwhile, 77% of the respondents establish friendly conversations with all those close to them, while 98% feel they have difficulties in sustaining family harmony. The interview revealed that 77% communicate with the family, but does not maintain effective communication with the family. The fact of communicating in itself, constitutes an element that could become a protective factor for these subjects for their abstinence.

	Subscales	Pre-dominant	Do not Predominant	Percent of Pre-dominant Subscales
1	Confrontation	6	24	22%
2	Distancing	6	24	22%
3	Self Control	12	18	44%
4	Search for social support	20	10	66%
5	Acceptance of responsibility	26	4	88%
6	Escape - avoidance	3	27	11%
7	Planning	20	10	66%

8	Positive reevaluation	30	-	100%
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**Table 3:** Results of the Lazarus Coping Modes Scale

**Confrontation**

As it is possible to see in the obtained results only 22% of the patients use aggressive efforts to solve situations that must assume, using some degree of hostility and risk, in addition to direct actions. The resolution of the problems they face is aimed at finding the person responsible to change their opinion, expressing their anger to the person (s) responsible for the problem. This indicator shows that this style of coping for the solution of the problems does not prevail in the patients studied. (Table 3)

**Distancing**

Only 22% of the patients use efforts to move away from the situations presented to them as a solution, moving forward with their destinies as if nothing had happened, they tried to forget everything, they moved away from the problem for a while, they refused to Think about the problem a lot of time, among others. Hence, this way of coping with the overcoming of alcohol addiction is found with a very low percentage, and is not frequently used in the patients studied (Table 3).

**Self-control.** 22% of patients use efforts to regulate their feelings and actions may have left some open possibility to allow the solution, trying to keep their feelings for themselves, not acting too fast or are carried away by their first impulses. This indicator is used in a very low percentage in the studied subjects to overcome the addiction. (Table 3)

**Search for social support.** 66% of the patients studied describe efforts to seek support, consisting of seeking advice, advice, assistance or information. There is also a quest for moral support, sympathy or understanding, which is demonstrated in interactions with other people who felt they could solve their problems. They accepted the sympathy and understanding of some people, asked a family member or friend and respected their advice. This indicator is one of the highest scores, used to deal with the overcoming of addiction in patients who were studied (Table 3).

**Acceptance of responsibility.** Eighty-eight percent acknowledge their own role in the problem of addiction, criticized or lectured themselves, apologized or did something to compensate, realized that they were the cause of the problem, promised themselves that Things would be different next time. It can be seen that the acceptance of responsibility constitutes the style of coping for overcoming the addiction most used by the addicted patients studied (Table 3).

**Escape-Avoidance.**The thought that caused them to be separated from addiction was described by 11% of the patients evaluated.

The story was related to that once removed from the addiction would happen a miracle or sleep more than usual. There was also an implicit desire to change the situation they were experiencing or the way in which they perceived it (Table 3).

**Planning.** More than half of the patients (66%) describe their efforts focused on modifying their difficulty with addiction in order to improve their situation. Together with this, an analytical approach is seen to solve the problem by referring exclusively to it in order to understand them from all sides. It is also demonstrated by those who tried to change their status as an addict who made efforts even they did not perceive as reliable, in order to change their situation. Some of the respondents stated that “at least they did not do anything,” phrases such as this denote an acquisition of cognitive elements that were absent before the therapeutic process began. This indicator is one of the highest scores, framed as the most used to face the overcoming of addiction in patients who were studied (Table 3).

**Positive reevaluation.** 100% of the subjects studied describe efforts to create a positive meaning and focus on personal development inspired by doing something creative. Changes are seen in their coping with the disease and substantial growth as individuals. They claim to have gained much more experience from the moment they made the decision to stop consuming. There is a rediscovery of their lives. This indicator is the most used to deal with the overcoming of addiction in the patients evaluated. (Table 3)

It is significant in this last scale how the totality of the patients described their efforts giving a positive meaning and focusing on their personal development, reassessing positively the experience of addiction. Acceptance of responsibility (88%) is shown with high scores, there is a self-recognition of the functions performed in the solution of the problem of addiction. The search for social support is also high (66%), which describes the efforts to seek support based on the search for advice, advice, assistance and information. Also the search for moral support, sympathy and understanding are key elements exposed by patients. There is a high percentage in the planning scale with 66%, showing deliberate and focused efforts on the problem of addiction to alter the situation, together with the analytical approach to solve the problem, although it has a lower incidence than those already Mentioned.

The coping strategies recorded in the Lazarus test have been contrary to what investigations have described about this type of patients in phases of consumption [9,10] (García, 2006; Pedrero, 2008). The regularities found in coping styles in addicts and the results at this level describe a subject changed in relation to the ways of facing problems, life, their relationship with others, which makes them more socially adaptable and more effective in their Management of social insertion. Is It is necessary to keep in mind

that this research is focused on patients who have decided to rehabilitate, although the causes may be different.

### **Social support.**

This aspect was explored through 3 tests.

In the structured interview we explored directly in three items, it has been common the recognition of these groups to the aids that they received from relatives, health institutions, characterized by the diversity, systematicity and the availability of the subjects to these supports. This is how patients first attribute these successes to the doctors (77%), then to the family (77%) as a fundamental aspect to have started in this rehabilitation process, which makes a big difference with previous research. With rehabilitated addicts with more than two years of abstinence who refer to a considerable spectrum of characteristics, where they have been inspired and governed by values, among which are love, humility, discipline, responsibility, acceptance of themselves and the Others, among others, are followed by perseverance and will, this coincides with the foundation that values regulate behavior [14] (Alfonso, 2008).

These findings are consistent with previous research on the great importance of the role of the family in helping alcoholics [15,16] (López-Torrecillas, et al., 2005; Velleman, 2006), as family members become involved in the recovery of these patients. In this particular case, the role assumed by wives, current couples or relationships is highlighted, as they attribute to them part of the successes of their recovery, also highlighted in the specialized literature.

The differences found point to a discrete independence, but reinforced by the predominance of having someone who supports them emotionally, whereas 55% singles predominate, more appeals to recognize family support, apparently increasing these sources of support. It was verified that in the case of 77% of the patients interviewed, they express that they express what other people think and close friends, coinciding with other addicts. 66% of the patients consider that they converse with strangers, proving that it is a favorer of the search for social supporters. In the case of 66% of the patients they transmit the problems to the relatives.

It is also important to emphasize that this principle has been included within the psychoeducational objectives of the addiction service of the Psychiatric Hospital of Havana, by promoting values to encourage rehabilitation and personal growth, based on the ideas of José Martí for their validity and transcendence [17]

Taking into account that communication becomes the fundamental element for the search of these patients of social support, it is necessary to say that this is an element that in most cases in 77% is very broad, they communicate with a large number Of person,

facilitating social support.

In the Lazarus coping style technique, 66% of the patients studied describe efforts to seek support, consisting of seeking advice, counseling, assistance or information or seeking moral support, sympathy or understanding. They talked to people who could do something concrete because of their problems, asked a relative or friend and respected their advice and told someone how they felt.

### **Conclusions**

The group of patients studied assumes substantial modifications to their coping styles. In this way the following elements can be appreciated:

Regarding social support within coping styles, they are focused on reinforcing and giving new meaning to their family ties with the intention of regaining their trust. The systematic maintenance of therapy assistance in health institutions as a fundamental source of knowledge that allows a better understanding of the disease and communication with a broad group of people in the search for advice, advice, assistance, information or seeking moral support, sympathy or understanding.

The styles of coping with alcoholism are centered in solving the problem that this condition constitutes, with special emphasis on positively reevaluating the experience of addiction to grow spiritually. Accept the responsibility incurred for their behavior during the consumption phase, assuming actions aimed at amending them, which include affectively recovering the family. To gain in self-control of their emotional impulses and in actions destined in the planning to rehabilitate and recover the family. In addition to appealing to social support.

Regarding the proposal of life projects, they are oriented towards overcoming addiction, lack a structure, but recognize that they must remain abstinent, want to recover family ties, as well as respect for family and society. In general, are projected to recover the values lost during the period of consumers.

### **References**

1. González R (2002a) Considerations for handling drug addiction. In: Collective of authors. Attention to addictions in the community. Havana: Virtual Library of the Ministry of Public Health
2. González R, Guilarte G, Hidalgo B, Palacios M, Rouco O, et al. (2004c). Exposure to risk, consumption and information on harmful effects of illegal substances. Study in older than 16 years. *Rev. Hosp. Psychiatry of the Habana* 1.
3. González R. (1996a) Psychotherapy of alcoholics and other addicts. Havana, Scientific-Technical.
4. González R. (2005b) Humanism, spirituality and medical ethics. Havana, Political Publisher.

5. Migali J (2006) Drug addiction, improve the quality of life.
6. Chait L, Calvo Z (2005) Abused female drug abusers: analysis for the intervention. *Addictive disorders*,7.
7. Lazarus R (1986) *Stress and Cognitive Processes*. Editorial Martínez-Roca, Barcelona.
8. Pedrero E, Rojo G, Puerta C (2008) Styles of coping with stress and addiction. *Rev Esp Drug Addiction* 33: 256-270.
9. Jodie, F, Hasking P (2008) The relationship between personality, coping strategies and alcohol use. *Addiction Research and Theory* October; 16: 526-537.
10. Gárciga O (2006) Drug dependence. Reflections on current trends that hinder your attention. *Rev. Hosp. Psychiatry of Havana*. 3.
11. Frankl V (2004) *Man's Search for Meaning*. Herder, Barcelona, Spain.
12. Báxer E (2006) The process of research in qualitative methodology. The participatory approach and action research. In: Collective of authors. *Methodology of Educational Research, Medical Sciences, Havana*.
13. Gárciga O, Surí C (2010) Addictions. Current situation. *Rev. Hosp. Psychiatry of Havana*.
14. Alfonso G (2008) *Values and Daily Life*. Social Sciences, Havana.
15. López-Torrecillas F, Bulas M, León R, Ramírez I (2005) Influence of family support on the self-efficacy of drug addicts. *Addictions*, 17: 241-249
16. Velleman R (2006) The importance of family members in helping problem drinkers achieve their chosen goal. *Addiction Research and Theory*; 14: 73-85.
17. González R (2009a) Addictions in the light of sciences and simile. Political Ed, Havana.