

Differences of Lifestyle and Coping Resources Between Gay Men With and Without Alcohol Problems

Joffrey S. Suprina, Catherine J. Brack, Catherine Y. Chang, and John Kim

Abstract

The authors compared the Adlerian lifestyle themes as identified by the BASIS-A Inventory (Wheeler, Kern, & Curlette, 1993) and coping resources as identified by the Coping Resources Inventory for Stress (CRIS; Matheny, Aycocock, Curlette, & Junker, 2003) between gay men with and without problematic alcohol use as determined by the Alcohol Use Disorders Identification Test (Saunders, Aasland, Babor, De La Fuente, & Grant, 1993). Data from a national sample were collected using PsychData online. Data from 398 participants were analyzed using a MANOVA and stepwise logistic regression. Data analysis identified significant differences between the three groups (No Current Alcohol Problem; Current Alcohol Problem; and Alcoholic but Currently Abstaining) on several scales, finding that the Going Along scale of the BASIS-A Inventory and the Tension Control and Social Support scales of the CRIS were the most significant predictors of belonging in the Current Alcohol Problem group for this sample.

The National Institute of Alcohol Abuse and Alcoholism (NIAAA, 2005) reported that 4.65% of the U.S. population has alcohol abuse problems, marking an increase of 1.62% over 10 years prior. Their statistics also note that men are more than 2.5 times more likely to have alcohol abuse problems than women are. However, there is a noted lack of national data on gay men's consumption, a sign of possible heterosexism in scientific research (Kadour, 2005). Although early research targeting gay men suggested they had a significantly higher prevalence of alcohol-related problems than the general population (Fifeld, Latham, & Phillips, 1977; Lohrenze, Connelly, Coyne, & Spare, 1978; Saghir & Robins, 1973), more recent research, using more robust sampling methods and refined research methodology, found gay men's drinking habits to be more similar to their heterosexual counterparts except for the fact that gay men were less likely than heterosexual men

to abstain from alcohol (Bux, 1996; Cochran, Keenan, Schober, & Mays, 2000; Skinner, 1994; Stall et al., 2001; Stall & Wiley, 1988).

Research on consumption rates is only the beginning. With an increased recognition of the complex, biopsychosocial nature of addiction (Bishop, 2001; Carroll, 1999; Stenbacka, 2000; Winter, 2000), there is a need for an exploration of contributing factors for addiction in gay men. Such an exploration would benefit from using a theoretically based biopsychosocial approach such as Individual Psychology (Carroll). This study explored the differences in lifestyle and coping resources between gay men with and without alcohol problems. An overview of the theory that guides this study, a review of pertinent research, and outline of the research methodology follows.

The Adlerian Lifestyle

Adler's Individual Psychology is holistic, considering the whole person as represented in the lifestyle. A core concept of Individual Psychology, the lifestyle is the individual's unique way of being, coping, and operating in the world, a way that supports the person's private logic for the best way to achieve his or her desired goals (Ansbacher & Ansbacher, 1956; Disque & Bitter, 1998). Although each individual is considered to have a unique lifestyle, Adler acknowledged the advantages of identifying patterns that can divulge similarities between the individual lifestyles. Identifying common lifestyle themes can effectively inform research and practice.

The Adlerian lifestyle is sometimes equated with personality (Ansbacher & Ansbacher, 1956) or personality in action (Lombardi & Melchior, 1996). Although numerous research studies support a correlation between personality traits and substance abuse (Gerra et al., 2004; Kashdan, Vetter, & Collins, 2005; Tremblay & Ewart, 2005; Weijers et al., 2003; Windle & Scheidt, 2004) and whereas personality characteristics have been found useful in discriminating drug choice and predicting future addiction problems (Kirkcaldy, Siefen, Surall, & Bischoff, 2004), research on addiction using the Adlerian lifestyle themes is still in its infancy. The lack of research using the Adlerian lifestyle is due, in part, to a previous lack of effective quantitative measures for the lifestyle. Through extensive research with Individual Psychology, the BASIS-A Inventory (Wheeler, Kern, & Curlette, 1993) was developed to provide a quantitative measure of lifestyle that provided the flexibility to accommodate individual uniqueness while enabling identification of similar themes among individuals. Addiction research using the BASIS-A Inventory (Wheeler et al., 1993) has discovered significant differences in the lifestyle themes for participants with various characteristics common to addiction. A consistent finding is a negative correlation

between the Going Along scale and different attributes of addiction, such as (a) identifying a high probability of substance abuse (Bauman, 1997); (b) differentiating between clinical patients with substance abuse diagnosis or a psychiatric diagnosis (Bauman, 2000); and (c) predicting frequency of binge drinking or intensity of alcohol consumption in college students (Lewis & Osborn, 2004; Lewis & Wachter, 2006; Lewis & Watts, 2004). The BASIS-A Inventory has been a useful research instrument in studying addiction as it relates to the Adlerian lifestyle, and so we used it in this study for studying addiction with gay men.

Purposeful Behavior and Coping in Addiction

Lifestyle themes alone cannot explain differences in alcohol use: We must also explore the purpose behind alcohol use. Individual Psychology is teleological, so it considers all human behavior to be purposeful. Adler wrote, "In all cases of addiction we are dealing with people who are seeking alleviation in a certain situation" (Ansbacher & Ansbacher, 1956, p. 423). Alleviating perceived stress, anxiety, or inferiority feelings may be considered a purpose to drink alcohol and therefore supports drinking as a coping mechanism. Such a perspective is not unique. Both social drinkers and alcoholics identify coping with stress as motivation for using alcohol (Powers, 1987; Powers & Kutash, 1985).

Research on coping and addiction supports extroversion, active problem solving, and use of varied coping skills as protective against addiction, whereas social withdrawal, high neuroticism, and avoidance coping were found to be risk factors for developing addiction (Carroll, 1999; Cooper, Russell, & George, 1988; Rebelo, 1999; Winter, 2000). In addition to those protective and risk factors, in a large longitudinal study with Swedish men, Stenbacka (2000) found the strongest predictors of decreased misuse of substances were good social capacity, emotional control, intelligence, psychic energy, and good physical health. These studies confirm a connection between coping factors and addictive behavior.

For gay men, minority stress is considered a viable source for chronic and acute stress (Meyer, 2003). The discrimination, oppression, and discouragement of a heterosexist society can result in detrimental physical and mental health outcomes as well as addictive behaviors (Cochran, 2001; DiPlacido, 1998; Mays & Cochran, 2001; Meyer, 1995). However, most research on coping and gay men centers around HIV/AIDS: either coping with the disease (Bianchi, Zea, Poppen, Reisen, & Echeverry, 2004; Burgess et al., 2000; Moskowitz & Wrubel, 2005; Pakenham & Rinaldis, 2001; Penedo et al., 2003) or how coping affects adherence to medications (Halkitis,

Parsons, Wolitski, & Remien, 2003; Harzke et al., 2004). Whereas there is a lack of research on the coping resources of gay men in general, if gay men are exposed to some degree of minority stress, it would be helpful to understand what coping resources are protective against developing alcohol problems in response to such stress.

With the consumption of alcohol identified as problematic for gay men, evidence that Adlerian lifestyle themes can effectively differentiate certain addiction characteristics, and an understanding of addiction as a coping mechanism, we undertook this study. We explored gay men and problem alcohol consumption from an Individual Psychology theoretical foundation by comparing the lifestyle themes as measured by the BASIS-A Inventory (Wheeler et al., 1993) and coping resources as measured by the Coping Resources Inventory for Stress (CRIS; Matheny, Aycock, Curlette, & Junker, 2003) between gay men with and without harmful alcohol use as determined by the Alcohol Use Disorders Identification Test (AUDIT; Saunders, Asland, Babor, De La Fuente, & Grant, 1993).

Research Hypotheses

H¹: Means on the BASIS-A scales will be significantly different between gay men with alcohol problems and gay men without alcohol problems as measured by the AUDIT.

H²: Means of the CRIS scales will be significantly different between gay men with alcohol problems and gay men without alcohol problems as measured by the AUDIT.

H³: At least one lifestyle theme as measured by the BASIS-A Inventory and at least one coping resource as measured by the CRIS will be predictive of alcohol problems, as determined by the AUDIT, for this gay male sample.

The AUDIT assesses current (within the last year) problematic alcohol use. To alleviate the potential contamination of the data by participants with a history of alcohol problems but who are currently abstaining, participants who self-identified as "alcoholic/problem drinker" and who scored below an 8 on the AUDIT were separated into a third group. Because there is a lack of data to determine if the lifestyle themes or coping resources vary between alcoholics who are currently abstaining and those who are still drinking, hypothesis four was developed and tested.

H⁴: Means of some lifestyle themes as measured by the BASIS-A Inventory and the means of some coping resources as measured by the CRIS will be significantly different between those gay men identifying as "alcoholic/problem drinker" but currently abstaining and gay men identified as having current alcohol problems as determined by the AUDIT.

Participants

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

Instruments

The instruments used in this study included a demographic questionnaire, the AUDIT, the BASIS-A Inventory, and the CRIS.

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

Alcohol Use Disorders Identification Test. (Saunders et al., 1993). The AUDIT was developed by the World Health Organization to identify persons with hazardous alcohol consumption. The AUDIT is a 10-item screening questionnaire with each question scored from 0 to 4 with a range of possible scores from 0 to 40. The AUDIT provides one main scale (harmful alcohol use) and three subscales (alcohol consumption, drinking behavior, and alcohol-related problems). With a cut-off point of 8 or higher signifying harmful alcohol use, the AUDIT was found to have an overall sensitivity of 92% and specificity of 94% (Saunders et al.). The AUDIT also boasts high reliability and validity in a variety of studies and samples from diverse populations. For example, Sinclair, McRee, and Babor (1992) found a high (.86) test-retest reliability. The current study's Cronbach's alpha was .83 for the main scale of the AUDIT.

BASIS-A Inventory. The BASIS-A Inventory (Wheeler et al., 1993) was developed through extensive research to provide a quantitative measure of the Adlerian lifestyle. Items were chosen based on Adlerian perspectives of lifestyles, Mosak's typologies, and research with the Lifestyle Personality

Inventory (Wheeler, Kern, & Curlette, 1982). The BASIS-A Inventory measures five lifestyle themes: Belonging/Social Interest (BSI), Going Along (GA), Taking Charge (TC), Wanting Recognition (WR), and Being Cautious (BC). It also has five secondary scales that help to broaden the interpretation of the BASIS-A profile: Harshness (H), Entitlement (E), Liked by All (L), Striving for Perfection (P), and Softness (S). Internal consistency reliability of the five primary BASIS-A scales ranges from .82 to .87. Test-retest reliability shows a moderate level of stability across scales (Wheeler et al., 1982). The BASIS-A Inventory has been used successfully in a variety of clinical applications (Wheeler, 1996). The current study's Cronbach's alpha ranged from .81 to .89 for the five primary scales of the BASIS-A.

Coping Resources Inventory for Stress. (Matheny et al., 2003). The CRIS measures one's strengths and weaknesses across 15 personal coping resources that are related to coping successfully with perceived stress (Matheny et al.). The CRIS contains 280 items answered in a true-false format, yielding an overall Coping Resources Effectiveness (CRE) scale as well as 15 resources scales: Self-Disclosure, Self-Directedness, Confidence, Acceptance, Social Support, Financial Freedom, Physical Health, Physical Fitness, Stress Monitoring, Tension Control, Structuring, Problem Solving, Cognitive Restructuring, Functional Beliefs, and Social Ease. The CRIS scales boast high test-retest reliabilities ranging from .76 to .95 and high internal consistency reliabilities ranging from .84 to .97. Validity studies have included dependent measures of illness, life satisfaction, personality, occupational choice, and drug dependency among others (Matheny et al.). Additionally, the CRIS-CRE was found to significantly correlate with six (S, BSI, P, BC, H & GA) of the BASIS-A Inventory lifestyle scales (Kern, Gfroerer, Summers, Curlette, & Matheny, 1996). The current study's Cronbach's alpha was .89 for the CRE scale of the CRIS and ranged from .80 to .89 for the 12 primary scales.

Procedure

Participants were recruited via the Internet. We sent an announcement of the research project to gay-friendly list servers, online support groups, university organizations, chat rooms, and social groups nationally. Interested participants were directed to PsychData online to view an informed consent, and they gave consent by proceeding to complete the demographic questionnaire. Upon completion of the demographic questionnaire, participants proceeded to the questions of the AUDIT, the BASIS-A Inventory, and the CRIS. This sampling through the Internet complies with the recommendations of other researchers (Herek, Kimmel, Amaro, & Melton, 1991; Mathy, Schillace, Coleman, & Berquist, 2002) for research with hidden populations,

Table 1

Differences on the Scales of the CRIS and BASIS-A by Group: No Current Alcohol Problem (NCAP); Current Alcohol Problem (CAP); and Alcoholic but Currently Abstaining (ACA)

Scale	NCAP (n = 284) Mean (SD)	CAP (n = 91) Mean (SD)	ACA (n = 23) Mean (SD)	F
CRIS Scales				
CRE	63.07 (18.20)	51.29 (17.72)	68.27 (17.16)	16.867***
Self Disclosure	60.14 (33.14)	49.55 (31.76)	65.65 (24.55)	4.773**
Self Directedness	60.34 (27.28)	55.24 (23.83)	58.70 (27.48)	1.275
Confidence	67.89 (29.32)	57.81 (30.19)	77.17 (25.04)	5.817**
Acceptance	54.60 (24.15)	46.87 (23.57)	59.35 (23.52)	4.405*
Social Support	63.58 (27.50)	49.02 (28.63)	58.48 (29.83)	9.423***
Financial Freedom	58.82 (35.01)	43.47 (33.30)	67.17 (30.93)	8.189***
Physical Health	66.33 (24.63)	57.04 (26.78)	74.78 (23.08)	6.713**
Physical Fitness	42.61 (33.91)	30.14 (30.59)	55.43 (34.14)	7.335**
Stress Monitoring	73.00 (27.30)	60.65 (30.40)	74.13 (30.55)	6.829**
Tension Control	57.34 (26.81)	41.10 (22.61)	64.27 (22.02)	15.755***
Structuring	66.66 (26.88)	52.90 (30.02)	77.83 (16.98)	11.907***
Problem Solving	74.98 (23.31)	61.67 (28.27)	81.09 (17.77)	11.97***

BASIS-A Inventory						
Belonging/Social Interest	28.06 (6.83)	26.85 (7.60)	26.65 (6.86)	1.312		
Going Along	31.19 (4.96)	28.90 (5.69)	30.22 (4.65)	6.968**		
Taking Charge	19.23 (6.01)	20.11 (5.79)	18.22 (6.05)	1.207		
Wanting Recognition	43.39 (5.55)	42.14 (5.78)	44.04 (5.38)	2.04		
Being Cautious	19.83 (7.45)	22.14 (7.56)	22.00 (6.49)	3.848*		
Harshness	14.54 (2.78)	15.55 (3.02)	14.26 (2.73)	4.73**		
Entitlement	16.28 (5.02)	16.87 (5.57)	14.74 (4.32)	1.629		
Liked by All	24.00 (3.27)	23.56 (3.26)	24.91 (3.32)	1.672		
Striving for Perfection	21.52 (3.77)	20.37 (4.56)	19.22 (3.75)	5.706**		
Softness	16.83 (3.39)	15.91 (3.62)	16.26 (2/68)	2.597		

Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

such as gay men. As incentive, the participants had the option to provide an email address to receive a brief interpretation of their BASIS-A Inventory and CRIS inventories (requested by 327). They could also email the authors to receive a brief report of the findings of the research (99 requested the study results). The raw data were retrieved by the first author for analysis.

Analysis

As recommended by its creators, a score of 8 or higher on the AUDIT was used to differentiate between those with and without a current problem with alcohol. A third group was identified as those who noted an "Alcoholic/Problem Drinker" identity on the demographics form but were identified by the AUDIT as having no current problem with alcohol. To test H^1 , H^2 , and H^4 , a MANOVA was used with the independent variable being group membership in one of three groups: (a) No Current Alcohol Problem, (b) a Current Alcohol Problem, and (c) Alcoholic but Currently Abstaining. The dependent variables were the scales of the BASIS-A Inventory and the CRIS for each group member. Because the MANOVA included three groups, a Tukey-b post hoc analysis was conducted to determine the differences between the individual groups. For testing H^3 , a stepwise logistic regression was conducted to test for prediction of alcohol problems status on the basis of the scores of the BASIS-A Inventory and the CRIS.

Results

The data were analyzed using SPSS for Windows, Release 14. The AUDIT resulted in 307 (77.1%) participants designated as not having a current problem with alcohol and 91 (22.9%; 10 self-identified as "Alcoholic/Problem Drinker"; 51 self-identified as "Occasionally Problematic"; and 30 self-identified as "Social Drinker") as having a current problem with alcohol. However, 23 (7.5%) of those identified by the AUDIT as not having a current problem with alcohol self-identified as "Alcoholic/Problem Drinker," signifying they were currently abstaining. This resulted in three groups for analysis: (a) No Current Alcohol Problem (NCAP; $n = 284$, 71.4%), (b) a Current Alcohol Problem (CAP; $n = 91$, 22.8%), and (c) Alcoholic but Currently Abstaining (ACA; $n = 23$, 5.8%).

An overall MANOVA was run with group as the independent variable and scores on the CRIS and the BASIS-A Inventory as the dependent variables. Table 1 depicts the mean, standard deviation and F test results for the CRE and 12 primary scales of the CRIS for the three groups: NCAP,

Table 2

Tukey-b Post Hoc Analysis of the Mean Difference between Groups: No Current Alcohol Problem (NCAP; $n = 284$); Current Alcohol Problem (CAP; $n = 91$); and Alcoholic but Currently Abstaining (ACA; $n = 23$)

Scale	NCAP vs. CAP Mean (SE)	CAP vs. ACA Mean (SE)	NCAP vs. ACA Mean (SE)
CRIS Scales			
CRE	11.78 (2.17)***	-16.99 (4.21)***	-5.21 (3.91)
Self Disclosure	10.59 (3.73)*	-16.10 (7.23)	-5.51 (6.71)
Confidence	10.08 (3.53)*	-19.37 (6.84)*	-9.29 (6.35)
Acceptance	7.73 (2.89)*	-12.47 (5.60)	-4.74 (5.20)
Social Support	14.56 (3.36)***	-9.46 (6.51)	5.10 (6.05)
Financial Freedom	15.35 (4.15)**	-23.70 (8.03)**	-8.36 (7.46)
Physical Health	9.29 (3.02)**	-17.74 (5.85)**	-8.45 (5.43)
Physical Fitness	12.47 (4.00)**	-25.29 (7.75)**	-12.82 (7.20)
Stress Monitoring	12.35 (3.40)**	-13.48 (6.59)	-1.13 (6.12)
Tension Control	16.24 (3.02)***	-23.17 (5.99)***	-6.93 (5.56)
Structuring	13.76 (3.28)***	-24.92 (6.35)***	-11.17 (5.89)
Problem Solving	13.31 (2.92)***	-19.41 (5.66)**	-6.10 (5.26)
BASIS-A Inventory			
Going Along	2.29 (0.62)**	-1.32 (1.19)	0.97 (1.11)
Being Cautious	-2.31 (0.89)*	0.14 (1.73)	-2.17 (1.61)
Harshness	-1.01 (0.34)**	1.29 (0.66)	0.28 (0.61)
Striving for Perfection	1.14 (0.48)*	1.16 (0.92)	2.30 (0.86)*

Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

CAP, and ACA. All but the Self-Directedness scale showed significance with $\alpha = .05$.

Table 1 also depicts the mean, standard deviation and F test for the 10 scales of the BASIS-A Inventory for the three groups: NCAP, CAP, and ACA. Going Along was most significant ($F(2,395) = 6.97, p < .01$), followed

Table 3
 Stepwise Logistic Regression Analysis of CRIS and BASIS-A Inventory Scales' Ability to Predict
 Belonging in Problem Alcohol Group

	NRS	Scale	β	S.E.	Wald	df	Sig.	Exp(B)	% change
Step 1a	.104	TENCONTR	-0.025	.005	26.072	1	.000	0.976	
		Constant	0.008	.252	0.001	1	.976	1.008	
Step 2b	.143	TENCONTR	-0.025	.005	24.642	1	.000	0.976	
		Going Along	-0.078	.024	10.767	1	.001	0.925	
Step 3c	.160	Constant	2.351	.758	9.617	1	.002	10.500	
		SOCSUPP	-0.010	.005	4.855	1	.028	0.990	-1.00
		TENCONTR	-0.022	.005	18.004	1	.000	0.978	-2.20
		Going Along	-0.070	.024	8.366	1	.004	0.932	-6.80
		Constant	2.533	.769	10.841	1	.001	12.586	

a. Variable(s) entered on step 1: TENCONTR (Tension Control).

b. Variable(s) entered on step 2: GA (Going Along).

c. Variable(s) entered on step 3: SOCSUPP (Social Support).

by Striving for Perfection ($F(2,395) = 5.71, p < .01$), Harshness ($F(2,395) = 4.73, p < .01$), and Being Cautious ($F(2,395) = 3.85, p < .05$).

Because the MANOVA included three groups, a Tukey-b post hoc analysis was conducted to compare the differences between the individual groups. Table 2 shows the mean and standard error comparisons between the three groups. The comparison found significant differences between the NCAP and CAP groups for all the scales identified as significant by the MANOVA resulting in support of H¹ and H². The results signify that the NCAP group's lifestyle themes were statistically significantly higher on Going Along and Striving for Perfection scales while being statistically significantly lower on Being Cautious and Harshness scales when compared to the CAP group. This implies that gay men without problems with alcohol are more rule-focused, are confident problem solvers, are able to cope more objectively with life tasks, and are more inclined to consider their childhood to be less harsh than gay men with alcohol problems. Results from the CRIS show that the NCAP group has statistically significantly better coping resources overall and on each primary scale except Self-Directedness. Comparison of the CAP and ACA groups found that despite similar lifestyles, the ACA group possessed superior coping resources to the CAP.

Only the Striving for Perfection scale of the BASIS-A Inventory was found to be statistically significant when comparing the NCAP and ACA groups. This partially supported H⁴ and signifies that the ACA group had lifestyle themes more similar to those of the CAP group while their coping resources are more similar to those of the NCAP group.

Finally, a stepwise logistic regression was performed to determine the ability of the scales of the CRIS and BASIS-A Inventory to predict group belonging between NCAP and CAP. From the Nagelkerke pseudo R² (NRS = 0.160) statistic, we tentatively concluded that the variables explained only 16.0% of the variance between groups, meaning that 84% could not be predicted by any of the variables of the CRIS or BASIS-A Inventory. Table 3 provides the Beta, Standard Error, Wald statistic, and percent change for each 1-point increase in the score for the scales of the CRIS and BASIS-A Inventory found to be significant predictors in three steps of analysis. The first step of the analysis identified the Tension Control scale of the CRIS as explaining approximately 10.4% of the variance between groups. The second step added the Going Along scale of the BASIS-A Inventory to explain another 3.9% of the variance between groups. Finally, a third step added the Social Support scale of the CRIS to explain another 1.7% of the variance between groups. Calculating the percent change of probability for each scale, the results predict that as the participant's Tension Control score increases by one point, the likelihood of having a problem with alcohol decreases by 2.2%. Likewise as the participant's Going Along score or Social Support score increases by one point, the likelihood of having a problem with

alcohol decreases by 6.8% and 1.0% respectively. Because at least one scale was predictive for each assessment instrument, H³ is supported.

Discussion

Although this is the first study to use the BASIS-A Inventory and CRIS with gay male participants, the results support findings in other addiction studies while providing a unique outcome that informs counseling interventions with gay men. Comparing the NCAP and CAP groups, H¹ was supported with the CAP group's Going Along and Striving for Perfection scales having statistically significantly lower means while the Being Cautious and Harshness scales had statistically significantly higher means than the NCAP group. Though these results support previous BASIS-A Inventory studies that have consistently found an inverse relationship between the Going Along scale and addiction (Bauman, 1997, 2000; Lewis & Osborn, 2004; Lewis & Watts, 2004), only Bauman's 1997 study also found statistically significant results related to the Being Cautious and Harshness scales. This similarity may be a result of his sample, unlike the others, being mostly members of social minorities. Although Bauman's sample was primarily African American women, the congruent results point to similarities between gay men with alcohol problems and other addicted minorities in their perceptions of lack of belonging, a tendency toward rebelliousness, a tendency to be cautious, and seeing their childhood as more harsh and unsupportive. Unique to this study is the significance of the Striving for Perfection scale. The interpretive manual states that high scorers on the P scale are more "likely to have high expectations, confidence, and self-efficacy characteristics" in work and relationships while being more able to "apply their problem-solving and interpersonal coping skills for the benefit of the relationship" (Kern, Wheeler, & Curlette, 1997, p. 48). This supports an interpretation that gay men with alcohol problems may have lower expectations, confidence, and self-efficacy and that they may be less effective applying any problem-solving skills.

H² was supported by our finding of statistically significant differences between the NCAP group and the CAP group on the CRE and 11 of the 12 primary scales of the CRIS. These results suggest that gay men with current alcohol problems have inferior coping resources compared to gay men without alcohol problems. Such a finding suggests gay men are similar to other addicts when it comes to deficiencies in coping skills (Carroll, 1999; Cooper et al., 1988; Rebelo, 1999; Winter, 2000) while supporting the notion of alcohol's serving as a primary coping mechanism.

H³ was supported by our finding that Tension Control, Going Along, and Social Support scales were statistically significant predictors of membership

in the CAP group. As noted previously, the Going Along scale has been found to be a significant predictor for addiction in other studies (Bauman, 1997, 2000; Lewis & Osborn, 2004; Lewis & Watts, 2004). Our result suggests that gay men with alcohol problems are less rule-focused, rebellious toward authority, individualistic, independent, and perhaps aggressive. Tension Control, or the ability to lower tension and stress arousal through relaxation and thought control, can be seen as a vital part of managing stress (Butkins, 1995; Dawson, Grant, & Ruan, 2005). We posit that lack of tension control would increase likelihood of problems with alcohol. Finally, the Social Support scale measures one's degree of support from others, such as family and friends. A lack of social connectedness (isolation) is a basic tenet of Alcoholics Anonymous and well-established as a symptom of alcohol addiction, while social support is linked to recovery (Groh, Jason, Davis, Olson, & Ferrari, 2007; Laudet, Morgen, & White, 2006). As addressed in Suprina's (2005) study, for gay men, the sense of isolation or feeling of a lack of social support may come from a perception of societal rejection.

H⁴ was partially supported with significant differences between the mean scores on CRIS scales but not on the BASIS-A Inventory scales when comparing the CAP and ACA groups. Additionally, only the Striving for Perfection scale of the BASIS-A Inventory was significantly different when comparing the NCAP and ACA groups. This might suggest that coping resources are more affected by recovery interventions than the lifestyle. Such a finding is congruent with Individual Psychology's argument that the lifestyle remains generally consistent throughout life (Ansbacher & Ansbacher, 1956). Longitudinal research using the BASIS-A Inventory to determine the degree to which the lifestyle can change when addressing the mistaken goals of addiction may be beneficial. Of the nine CRIS scales Kern et al. (1996) found to correlate significantly with the BASIS-A Inventory Striving for Perfection scale, only the Self-Directed and Social Support scales were not elevated when comparing the ACA and NCAP groups. Therefore, the lower Striving for Perfection mean for recovering alcoholics can be interpreted as the adoption of a "Let go and let God" attitude and a softening of a dichotomous, right-or-wrong perspective.

Our results show the ACA group has superior coping skills on 10 of the 12 CRIS scales (all except Social Support and Self-Directedness) when compared to the NCAP group. This suggests that gay recovering alcoholics may develop superior coping skills as a result of their recovery process. The lack of statistical significance (p values range from .051 to .362) may be indicative of Type II error (i.e., insufficient sample size to detect a population effect; Warner, 2008). Further research may confirm this tentative conclusion and may be able to identify which aspects of recovery most beneficially affect the development of positive coping resources.

Finally, using an independent *t*-test to compare the means of the BASIS-A Inventory scores for this sample of gay men with the normed sample reported in the BASIS-A Inventory technical manual (Curllette, Wheeler, & Kern, 1997), we found that the Belonging/Social Interest ($t = 15.01$) and Being Cautious ($t = -6.47$) scales resulted in statistically significant differences ($p < .001$). This result suggests that gay men tend to perceive less belonging/social interest in childhood that may make them more cautious. Because Hedberg and Huber (1995) found gay men and lesbians did not express lower social interest than heterosexual people, we conclude that the lower BSI mean reflects a lower sense of belonging, perhaps due in part to minority oppression or due to feeling a lack of belonging within the family of origin as supported by Curllette and Kern's (2010) more recent interpretation of the combination of a low BSI score and high BC score. Such a conclusion supports Suprina's (2005) qualitative study that found that gay men recovering from alcoholism reported feeling a lack of belonging that motivated their addictive behavior. That study led to the development of the Belonging Model as an Adlerian conceptualization of addiction in gay men. These findings support the efficacy of such a model and have additional implications for practice and research that are discussed below.

Limitations. Interpretation of this study's findings must be qualified by several limitations, including incomplete surveys (56.8%), uneven group sizes (especially the small $n = 23$ for ACA), Internet sampling, self-report with potential halo effect, and minimal ethnic minority representation. The 365-question length that took 45–60 minutes to complete likely contributed to the incomplete surveys. However, the participants who did not complete the survey included more members of ethnic minorities (19% for incomplete vs. 11.6% for completed), younger participants ($M = 35$, $SD = 12.5$ years for incomplete versus $M = 41$, $SD = 12.47$ years for completed), and a higher percentage of participants who self-identified as "Occasionally Problematic Drinker" (55% for incomplete vs. 20.1% for completed). This may affect external validity of the findings.

In a review of studies on Internet research, Mathy, Kerr, and Haydin (2003) found Internet research comparable to research conducted through other media, such as pencil-and-paper surveys, and they found no evidence of global personality dimensions associated with Internet usage preferences. They cited one study (McCabe, Boyd, Couper, Crawford, & D'Arcy, 2002) that demonstrated no significant difference in substantive responses to substance use questions between participants randomly assigned to Web-based survey and mail-based survey conditions. Although there is no reason to expect a similar study of the BASIS-A or CRIS would provide different results, future research may be beneficial to verify those expectations.

Another limitation may be the inability to measure the impact of other addictive behaviors (i.e., drug abuse or behavioral addictions), but the

length of the survey made assessing additional variables prohibitive. There is no way of telling how those variables may have affected results. Future researchers using these instruments may wish to explore additional addiction variables for comparison with this study's results.

Implications. Notwithstanding potential limitations, the results reported have several implications for treatment and prevention interventions. Combined, the results suggest that a holistic, wellness type model of treatment is beneficial in treatment of gay men with alcohol problems. A challenge for counselors will be to encourage increased self-esteem and development of new coping strategies while overcoming potential rebelliousness and independent-minded resistance. With addiction seen as a purposeful coping resource, the client can be encouraged to explore the underlying goals that one is attempting to achieve and identify other coping strategies to address those goals more successfully. Such an approach can assist the client to feel respected, helping the therapist overcome the potential rebellious defensiveness outlined by the results.

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

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

In addition to the need for research studies outlined above, this study identifies other needed research. Although the current study supports the theoretical value of the Belonging Model (Suprina, 2005), future research can test the model's efficacy with substance-addicted gay men as well as other substance-addicted populations. Further studies are needed comparing the lifestyles and coping resources of gay men and heterosexual men, either with or without alcohol problems. Additionally, it would be helpful to

explore more deeply the similarities and differences between gay men and other social minorities in relation to their lifestyles and coping resources. Such research may be able to confirm the similarities implied in this study and may be helpful in understanding responses to minority stress.

Conclusion

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

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