



Interactions between adaptive coping and drinking to cope in predicting naturalistic drinking and drinking following a lab-based psychosocial stressor

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HIGHLIGHTS

- Coping motives and adaptive coping interact to predict in-lab drinking under stress.
- Motives more strongly predict in-lab drinking when one lacks adaptive coping skills.
- Coping motives and adaptive coping do not interact to predict past month drinking.

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ABSTRACT

Using alcohol to cope (i.e., coping motivation) and general coping style both are theorized and demonstrated empirically to lead to problematic drinking. In the present study, we sought to examine whether these factors interact to predict alcohol use, both retrospectively reported and in the lab following a stressor task. Social drinkers ($N = 50$, 50% women) received the Trier Social Stress Test (TSST), and then consumed beer under the guise of a taste test. A Timeline Followback interview to assess past month alcohol use, the Drinking Motives Questionnaire (DMQ), and the COPE (to assess adaptive coping) were administered prior to the laboratory challenge. Multiple regression models were used to examine DMQ coping motives, adaptive coping, and their interaction as predictors of milliliters (mls) of beer consumed in a clinical laboratory setting. The association between coping motives and mls beer was positive at both high and low levels of adaptive coping, but at low levels of adaptive coping, this association was stronger. In contrast, there was no interaction between adaptive coping and coping motives in predicting quantity and frequency of drinking in the prior month. Findings suggest that stronger coping motives for drinking predict greater alcohol consumption following a stress provocation to a greater extent when an individual is lacking in adaptive coping strategies. As both general coping skills and coping motives for alcohol use are responsive to intervention, study of the conditions under which they exert unique and interactive effects is important.

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1. Introduction

Alcohol misuse continues to be a public health concern. Point prevalence estimates suggest that about 9% of the U.S. population meet criteria for an alcohol use disorder (Grant et al., 2004), while lifetime prevalence rates are closer to 20% (Kessler et al., 2005). Accordingly, understanding the individual and contextual-level factors that contribute to alcohol use is an important endeavor. As reviewed below, several studies have been conducted to examine how drinking motives (why one drinks) and coping styles (how one copes with stress and negative affect) may confer risk for alcohol problems.

Both constructs may be modifiable through intervention, making understanding their influence on alcohol use particularly important for prevention efforts. Each of these factors has separate extant literatures, yet by definition these constructs are not independent. It is unclear whether and how coping motivation for drinking and general adaptive coping skills may work together to influence alcohol use. In addition, the influence of these factors on drinking in the context of a negative mood induction has not been well studied. In the present study, we sought to test whether the association between coping motivation for alcohol use and adaptive coping skills interact to predict drinking both in the laboratory following a social stressor task and in a naturalistic environment (past month drinking, retrospectively reported).

1.1. Coping motives

Motivational models (Cooper, 1994; Cox & Klinger, 1988) highlight drinking for both external and internal (i.e., affective) reasons. Though there are a few different models of alcohol use motivation, all share

Abbreviations: DDD, drinks per drinking day; NDD, number of drinking days; TSST, Trier Social Stress Test; mls, milliliters.

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inclusion of drinking to enhance positive emotions (enhancement motives) and drinking to cope with, or alleviate, negative emotions (coping motives). Other motives, less consistently related to problem drinking in adults include drinking to facilitate social situations (social motives) and to “fit in” (conformity motives).

Of the motive types, coping motives have most consistently been associated with problem drinking. Coping motives have been shown to be associated with alcohol use across multiple samples (Cooper, Russell, Skinner, Frone, & Mudar, 1992; Kassel, Jackson, & Unrod, 2000; Kuntsche, Knibbe, Gmel, & Engels, 2005; Laurent, Catanzaro, & Callan, 1997; Park, Armeli, & Tennen, 2004; Park & Levenson, 2002), and in both cross-sectional (Cooper, 1994; Cooper, Frone, Russell, & Mudar, 1995; Cooper, Russell, & George, 1988; Williams & Clark, 1998; Windle & Windle, 1996) and longitudinal studies (Holahan, Moos, Holahan, Cronkite, & Randall, 2001). However, much of this research examines the influence of coping motives on self-reported drinking behavior, regardless of whether negative affect is activated, and without regard to other individual-difference factors that may make coping motives more or less influential. Thus, there remains a need for research examining the influence of coping motives on drinking behavior (a) in the context of stress and (b) in combination with the influence of other psychosocial factors, such as adaptive coping skills.

1.2. Coping skills

Coping skills, the specific cognitive activities or behaviors people employ in response to stressors or problems, are grouped into broad categories of coping styles. Several models and types of coping styles have been posited and measured (Skinner, Edge, Altman, & Sherwood, 2003). One of the most widely used measures to assess coping styles is the COPE (Carver, Scheier, & Weintraub, 1989). Some of the skills assessed by this measure can be categorized as useful or adaptive coping skills, while others are less useful or maladaptive.

Adaptive coping is often action oriented (Lazarus, 1991) and involves altering the problem or environment that is causing the distress (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986). Coping skills most commonly identified as adaptive include active coping, planning, suppression of competing activities, restraint coping, positive reinterpretation and growth, acceptance, religion, and seeking out of social support (Litman, 2006). On the other hand, among the types of maladaptive coping, avoidant coping is the most commonly researched. Avoidant coping generally involves removing oneself from experiencing or thinking about a stressful situation (Carver et al., 1989). Specific types of coping skills typically identified as avoidant include behavioral disengagement, denial, mental disengagement, and substance use (Litman, 2006). In general, whereas adaptive coping strategies predict better health outcomes and less drinking, greater reliance on maladaptive coping styles, and avoidant coping in particular, is associated with greater drinking (Bonin, McCreary, & Sadava, 2000; Cooper et al., 1988, 1992, 1995; Willis, Wallston, & Johnson, 2001).

Individuals may lie anywhere on a continuum from low to high levels of adaptive and/or avoidant coping skills. In the present study we were primarily interested in adaptive coping skills, in part because it is these that interventions seek to enhance (Litt, Kadden, & Kabela-Cormier, 2009; Longabaugh & Morgenstern, 1999). Further, theoretically, it is a lack of adaptive coping that most likely interacts with coping motives for alcohol use to predict drinking, as described below.

1.3. Interactive influences of coping motives and adaptive coping on alcohol use

Theoretically and empirically, both low levels of adaptive coping in general and high coping motives for drinking may independently promote heavy drinking, but it is unclear whether and under what

circumstances these two risk factors may interact to predict alcohol use.

It has been suggested that one reason coping motives may lead to problem drinking is that individuals who drink to cope may do so because they do not have other more adaptive ways to cope in their repertoire (Cooper et al., 1995). Similarly, social learning theory models (Abrams & Niaura, 1987; Bandura, 1969; Maisto, Carey, & Bradizza, 1999) and social cognitive models of relapse (Marlatt & Donovan, 2005) suggest that drinking alcohol may occur specifically for individuals with deficits in adaptive modes of coping when they have the desire to reduce negative affect. Following from these theories, a moderational model of their influence would suggest that individual differences in the use of alcohol to cope may be *more or less relevant* for predicting drinking depending on one's level of general adaptive coping skills. The combination of a lack of adaptive coping and coping motives may place individuals at particular risk for heavier drinking – drinking to cope may be more strongly associated with alcohol use among those who have not learned or do not tend to rely on other adaptive coping mechanisms. Though avoidant coping may predict drinking behavior, tending to use a range of avoidant coping strategies is likely less relevant for whether one uses drinking specifically as a coping strategy on any given occasion.

Interactive influences of adaptive coping and coping motives should be most relevant to the context of stress. One key element of social learning theories (Bandura, 1986; Maisto et al., 1999) is differential reinforcement, a concept that suggests that a behavior may be reinforced in some situations and not others. Individuals who endorse high coping motives for drinking may experience alcohol as a more powerful reinforcer following stress than individuals without such motives for drinking. In turn, coping motivated drinking is a behavior likely reinforced by drinking during those times when the individual actually experienced negative emotions and a subsequent reduction of such emotions following alcohol use. A reliance on alcohol to cope would not be a learned behavior during those times where negative affect is not present. Thus, in a test of whether coping motives predict increased drinking among individuals who also lack adaptive coping skills, it is important that stress actually is activated. To our knowledge, there have been no empirical examinations of whether one's general adaptive coping skills may moderate the influence of coping motives on drinking behavior when examining this within the context of stress.

1.4. The present study

In the present study, we sought to examine the interaction between coping motives for alcohol use and general adaptive coping strategies in the prediction of alcohol use. Both in-lab alcohol consumption following a stressor task and retrospective reports of alcohol use were measured in a sample of 50 social drinkers. We hypothesized that higher coping motives would predict alcohol use in the lab following stress induction to a greater extent for individuals with low adaptive coping skills. We then examined whether an interaction between coping motives and adaptive coping would also be observed on past month self-reports of both alcohol use quantity and frequency, when stress was not necessarily activated.

2. Material and methods

2.1. Participants

Data from the present study are drawn from measures collected as part of a separate study (Thomas, Merrill, Von Hofe, & Magid, under review), with the primary purpose of examining interactions among drinking motives, stress induction, and gender. For that study, individuals ($N = 210$) were recruited from the community via advertisements and initially screened over the telephone for major inclusion/exclusion criteria. Inclusion criteria were ages 21–50, alcohol use between 5 and

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