



Drinking motives for self and others predict alcohol use and consequences among college women: The moderating effects of PTSD

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HIGHLIGHTS

- ▶ PTSD is related with more alcohol use and consequences than trauma exposure alone.
- ▶ Depression coping motives positively predicted consequences for those with PTSD.
- ▶ Conformity motives positively predicted consequences for those with PTSD.
- ▶ Anxiety coping negatively predicted consequences for those with PTSD.
- ▶ Perception of others' depression coping motives predicted consequences among PTSD.

ARTICLE INFO

Keywords:

Trauma exposure
PTSD
Drinking motives
Alcohol use
Alcohol consequences

ABSTRACT

Although drinking motives have been shown to influence drinking behavior among women with trauma histories and PTSD, no known research has examined the influence of drinking motives on alcohol use and alcohol-related consequences for women with PTSD as compared to women with a trauma history but no PTSD and women with no trauma history. Therefore, the present study sought to examine the associations between drinking motives women held for themselves as well as their perception of the drinking motives of others and their own alcohol use and consequences, and whether this was moderated by a history of trauma and/or PTSD. College women ($N = 827$) were categorized as either having no trauma exposure ($n = 105$), trauma exposure but no PTSD ($n = 580$), or PTSD ($n = 142$). Results of regression analyses revealed that women with trauma exposure and PTSD consume more alcohol and are at greatest risk of experiencing alcohol-related consequences. A diagnosis of PTSD moderated the association between one's own depression and anxiety coping and conformity drinking motives and alcohol-related consequences. PTSD also moderated the association between the perception of others' depression coping motives and one's own consequences. These findings highlight the importance of providing alternative coping strategies to women with PTSD to help reduce their alcohol use and consequences, and also suggest a possible role for the perceptions regarding the reasons other women drink alcohol and one's own drinking behavior that may have important clinical implications.

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1. Introduction

Rates of childhood sexual abuse (CSA) and sexual assault (SA) are high among college women. Approximately 40% of college women reported a history of CSA and 50% reported SA (Abbey, Ross, McDuffie, & McAuslan, 1996; Bartoi, Kinder, & Tomianovic, 2000; Koss, Gidycz, & Wisniewski, 1987). These rates are concerning, especially given the deleterious consequences associated with a history of CSA and SA, including academic dropout and mental health problems such as posttraumatic stress disorder (PTSD; Najdowski & Ullman, 2009; Porche, Fortuna, Lin,

& Alegria, 2011). Women with a history of trauma and PTSD are also at increased risk for heavy drinking (Corbin, Bernat, Calhoun, McNair, & Seals, 2001; Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997; McFarlane et al., 2009; Najdowski & Ullman, 2009) and report more negative consequences associated with their consumption than their non-trauma exposed peers (Bedard-Gilligan, Kaysen, Desai, & Lee, 2011; Lindgren, Neighbors, Blayney, Mullins, & Kaysen, 2012; Palmer, McMahon, Rounsaville, & Ball, 2010).

1.1. Why people drink

Motivational models of alcohol use have attempted to explain the reasons why people drink, and suggest that alcohol use is often related to the desired outcome of their use (Cooper, 1994). Accordingly, alcohol consumption can be conceptualized as being motivated by its perceived

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functions (e.g., coping with negative emotion) and motives are an important proximal predictor of drinking and related consequences (Cooper, Frone, Russell, & Mudar, 1995). Cooper (1994) proposed four classes of drinking motives: social (e.g., “because it helps you enjoy a party”), coping (e.g., “to forget about your problems”), enhancement (e.g., “because it gives you a pleasant feeling”), and conformity (e.g., “to be liked”). Recently, coping motives have been further divided into coping with either anxiety or depression (Grant, Stewart, O'Connor, Blackwell, & Conrod, 2007). Drinking motives (especially social and enhancement reasons for drinking) have been linked to college student alcohol use more generally (Kuntsche, Knibbe, Gmel, & Engels, 2005; Mohr et al., 2005; Read, Wood, Kahler, Maddock, & Palfai, 2003), and have also been associated with drinking among women with a history of trauma and PTSD (e.g., Corbin et al., 2001; Dixon, Leen-Feldner, Ham, Feldner, & Lewis, 2009; Stewart, Mitchell, Wright, & Loba, 2004).

1.1.1. Relationships among drinking motives, trauma, and PTSD

Several studies have shown that women with a history of sexual assault (Corbin et al., 2001; Ullman, Filipas, Townsend, & Starzynski, 2005), sexual coercion (Fossos, Kaysen, Neighbors, Lindgren, & Hove, 2011), and childhood sexual assault (Ullman et al., 2005) report greater motivation for drinking to cope than women without a history of assault. Furthermore, greater alcohol coping motives have been associated with heavier alcohol consumption in trauma-exposed populations (Fossos et al., 2011; Grayson & Nolen-Hoeksema, 2005; Schuck & Widom, 2001; Ullman et al., 2005). This relationship is often explained by the self-medication hypothesis whereby alcohol use is thought to be an avoidant coping strategy that functions to relieve distress associated with experiencing a traumatic event (Saladin, Brady, Dansky, & Kilpatrick, 1995). In further support of this theory, it has been found that greater levels of PTSD symptoms are associated with greater alcohol use coping motives (Dixon et al., 2009; Stewart et al., 2004).

Sexual assault can lead to numerous negative outcomes in addition to PTSD (e.g., Cloitre, Miranda, Stovall-McClough, & Han, 2005; Miranda, Meyerson, Long, Marx, & Simpson, 2002), including increased depressive symptoms and general distress. Both depressive symptoms and general distress have also been found to predict increased alcohol coping motives (Cooper et al., 1995; Grayson & Nolen-Hoeksema, 2005). Although we would expect that individuals with PTSD are at greatest risk to use alcohol to cope with negative emotions, it may be that trauma exposure is associated with increased coping motives, given that being exposed to traumatic events predicts increased depressive symptoms and distress in college students (e.g., Kaltman, Krupnick, Stockton, Hooper, & Green, 2005; Krupnick et al., 2004). Moreover, there is some evidence that women with assault histories are more likely to report positive enhancement motives for their drinking behavior (Harrison, Fulkerson, & Beebe, 1997) and that enhancement motives help explain the relationship between CSA and drinking problems (Grayson & Nolen-Hoeksema, 2005). This suggests that in addition to drinking to cope, women with an assault history may also drink to increase positive affect. Conformity and social motives have also been associated with college students' drinking although little is known about whether these motives are associated with drinking and alcohol-related consequences among individuals with trauma exposure and/or PTSD (Cronin, 1997; Stewart, Zvolensky, & Eifert, 2001).

To our knowledge no studies have examined the impact of PTSD itself versus trauma exposure on the influence of drinking motives on alcohol use and consequences for women. These investigations are necessary to better elucidate whether it is PTSD that is related to increased alcohol use coping motives or whether it is sexual assault exposure in and of itself. This is a particularly relevant question for female college students, a population for which rates of sexual victimization and alcohol misuse are alarmingly high. Understanding which women are at highest risk for drinking to cope with distress is crucial to inform and establish prevention and intervention efforts.

1.2. Perceptions of why others drink

There has been considerable research documenting the influence of social norms on alcohol use among young adults (e.g., Borsari & Carey, 2003; Neighbors, Lee, Lewis, Fossos, & Larimer, 2007). Both descriptive (i.e., the perception of how much or how often others engage in a certain behavior; Cialdini, Reno, & Kallgren, 1990) and injunctive norms (i.e., the perceived attitudes or moral rules others have regarding a certain behavior; Cialdini et al., 1990) have been found to be highly influential on one's own personal behavior (Neighbors et al., 2007). College students typically overestimate the prevalence and approval of alcohol use among their peers and these discrepancies are associated with greater personal drinking and alcohol-related consequences (e.g., Baer, Stacy, & Larimer, 1991; Borsari & Carey, 2000, 2003; Larimer, Turner, Mallett, & Geisner, 2004; Lewis & Neighbors, 2004). These self-other comparisons have been found to be important targets of intervention, with numerous studies showing that correcting misperceptions of peer drinking to mediate intervention efficacy results in lower alcohol use (e.g., Borsari & Carey, 2000; Neighbors, Larimer, & Lewis, 2004).

Recent research has broadened the field by documenting that misperceptions exist for the experience of alcohol related-consequences (Baer & Carney, 1993; Larimer et al., 2004; Lee, Geisner, Patrick, & Neighbors, 2010), drinking in different locations and contexts (Lewis et al., 2011), and engagement in protective behavioral strategies (Lewis, Rees, & Lee, 2009). The social norms literature often references Social Learning Theory (Bandura, 1969, 1977) as support for the influence of social norms which suggests that one's behavior is modeled after perceptions of others' behavior. Studies also suggest that one's own behavior can influence the way in which they perceive the behavior of their peers (Stappenbeck, Quinn, Wetherill, & Fromme, 2010). For example, individuals who drink more heavily may be more likely to perceive their peers as being heavier drinkers. Thus, it makes sense to reason that individuals may hold beliefs about their peers' motivations for drinking alcohol and that these beliefs may be influenced by personal characteristics.

The present study aims to extend the social norms literature further by examining the perceived motivations of others for drinking alcohol. Of particular interest, we will explore whether these relationships may be similar or different for individuals with a trauma history or PTSD versus those with no history of trauma. It may be that individuals with PTSD who report greater drinking motives perceive that others also drink for similar reasons, which in turn can be associated with greater alcohol use and consequences.

1.3. Present study

The present study sought to examine the effects of trauma exposure and PTSD on the association between drinking motives and drinking behavior. First we examined whether or not a history of trauma and/or PTSD moderated the associations between one's own drinking motives and alcohol use and alcohol-related consequences. We hypothesized that individuals who held stronger drinking motives would report greater alcohol use and consequences. Consistent with the self-medication hypothesis, we expected that the association between drinking motives and alcohol use and consequences would be stronger for women with PTSD compared to those with a history of trauma and no PTSD and those with no trauma history. We also examined whether perceptions of other's drinking motives influenced one's own alcohol use and alcohol-related consequences, and whether trauma history and PTSD moderated this association. Based on the general social norms literature, we hypothesized that women who perceived that others held stronger drinking motives would themselves drink more and experience more alcohol-related consequences, and that this would be more pronounced for those with PTSD compared to those with a history of trauma and no PTSD and those with no trauma history.

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