



## Short Communication

# In the process of drinking to cope among college students: An examination of specific vs. global coping motives for depression and anxiety symptoms



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## ABSTRACT

The present study sought to address an issue in the drinking to cope (DTC) motives literature, namely the inconsistent application of treating DTC motives as a single construct and splitting it into DTC-depression and DTC-anxiety motives. Specifically, we aimed to determine if the effects of anxiety and depression on alcohol-related problems are best explained via their associations with DTC with specific affects or via their associations with a more global measure of DTC by testing four distinct models: the effects of anxiety/depression on alcohol-related problems mediated by DTC-anxiety only (Model 1), these effects mediated by DTC-depression only (Model 2), these effects mediated by a combined, global DTC factor (Model 3), and these effects mediated by both DTC-anxiety and DTC-depression (Model 4). Using path analysis/structural equation modeling across two independent samples, we found that there was a significant total indirect effect of both anxiety and depressive symptoms on alcohol-related problems in every model. However, there was a slightly larger indirect effect in all models using the global DTC motives factor compared to even the model that included the two distinct DTC motives. Our results provide some preliminary evidence that at least at the between-subjects level, a global DTC motives factor may have more predictive validity than separate DTC motives. Additional research is needed to examine how to best operationalize DTC motives at different levels of analysis (e.g., within-subjects vs. between subjects) and in different populations (e.g., college students vs. individuals with alcohol use disorder).

## 1. Introduction

Among drinking motives, coping motives, or drinking to cope (DTC) motives, are consistently associated with increased alcohol-related problems (stronger relationship than other motives), even when controlling for other drinker motives (see Cooper, Kuntsche, Levitt, Barber, & Wolf, 2016 for a review). Although DTC motives are most commonly operationalized as a single construct (Drinking Motives Questionnaire Revised, DMQ-R, Cooper, 1994), research has indicated that the DTC motives may be split into coping with anxiety (DTC-anxiety) and coping with depression (DTC-depression; Grant, Stewart, O'Connor, Blackwell, & Conrod, 2007) as they may relate differently with alcohol outcomes and have distinct antecedents (e.g., anxiety vs. depression). Consistent with this assertion, multiple studies have found that a five-factor model (splitting up DTC motives) fits better than a four-factor model (Grant et al., 2007; Mezquita et al., 2011). However, very little research has examined whether DTC motives specific to distinct affective states uniquely (and only) mediate the relationships between that specific affective state and alcohol outcomes (e.g., anxiety symptoms → DTC-anxiety → alcohol-related problems). Conceptually,

and despite a strong relationship between anxiety and depression (Engels et al., 2010; Joormann, Kosfelder, & Schulte, 2005), DTC for a specific negative affect should only mediate the relationships between that specific negative affect and alcohol-related outcomes.

On the one hand, if there are differential effects on alcohol-related outcomes depending on the specific affect motivating DTC, examining DTC motives as a single construct may obfuscate the true relationships between DTC motives and alcohol-related outcomes. On the other hand, studies (including the original psychometric study by Grant et al.) have found a strong enough overlap between them to warrant combining them into a single index (e.g.,  $r = 0.76$ ; Grant et al., 2007;  $r = 0.76$ ; Roos, Pearson, & Brown, 2015). Thus, differences found between specific types of DTC motives and alcohol-related outcomes may be little more than chance variation, which could account for inconsistencies in the literature (Grant et al., 2007; Villarosa, Madson, Zeigler-Hill, Noble, & Mohn, 2014).

## 1.1. Purpose of present study

The present study aimed to determine if the effects of anxiety and

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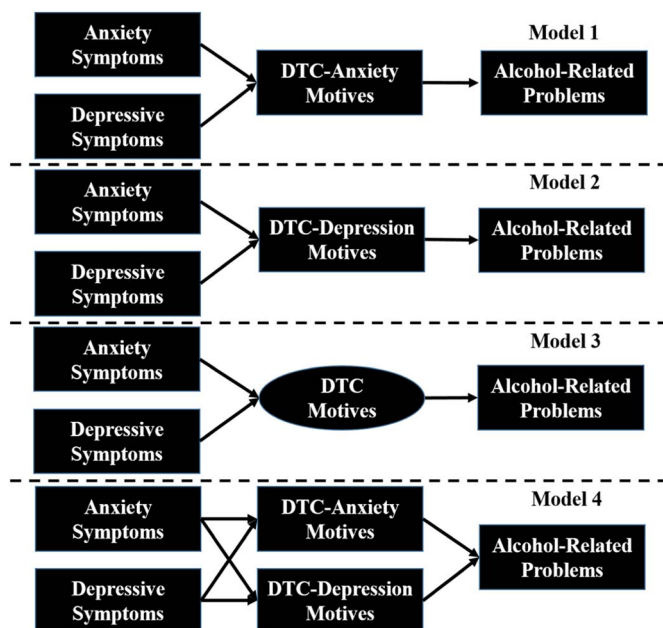


Fig. 1. Four conceptual models.

depression on alcohol-related problems are best explained via their associations with DTC with specific affects (i.e., DTC-anxiety mediating the effect of anxiety, DTC-depression mediating the effect of depression) or via their associations with a more global measure of DTC. Specifically, we examine four distinct models (see Fig. 1): the effects of anxiety/depression on alcohol-related problems mediated by DTC-anxiety only (Model 1), these effects mediated by DTC-depression only (Model 2), these effects mediated by a combined, global DTC factor (Model 3), and these effects mediated by both DTC-anxiety and DTC-depression (Model 4).

## 2. Method

### 2.1. Participants and procedure

To maximize the robustness of our findings, we conducted analyses using two independent samples of college student drinkers (defined as students that consumed alcohol at least once in the previous month) from a large southwestern university (Sample 1,  $n = 381$ ; Sample 2,  $n = 563$ ). Among both samples, the majority of participants identified as being either Hispanic (Sample 1:  $n = 204$ ; 53.5%; Sample 2:  $n = 313$ ; 55.6%) or non-Hispanic White (Sample 1:  $n = 146$ ; 38.3%; Sample 2:  $n = 186$ ; 33.0%), were female (Sample 1:  $n = 250$ ; 65.6%; Sample 2:  $n = 359$ ; 63.8%), and reported a mean age of 21.24 ( $SD = 5.46$ ) and 20.11 ( $SD = 3.67$ ) years, respectively. More detailed information about the samples is reported elsewhere for Sample 1 (Brown, Bravo, Roos, & Pearson, 2015; Pearson, Lawless, Brown, & Bravo, 2015) and Sample 2 (Bravo, Prince, Pearson, 2015, 2016). Both studies were approved by an institutional review board and students received research participation credit for participating.

### 2.2. Measures

#### 2.2.1. Alcohol consumption

Alcohol consumption was measured with a modified version of the Daily Drinking Questionnaire (DDQ; Collins, Parks, & Marlatt, 1985). Participants indicated how much they drink during a typical week in the past 30 days using a 7-day grid from Monday to Sunday. We summed number of standard drinks consumed on each day of the typical drinking week.

#### 2.2.2. Alcohol-related problems

Alcohol-related problems were assessed using a checklist version of the Brief-Young Adult Alcohol Consequences Questionnaire (B-YAACQ; Kahler, Strong, & Read, 2005) such that participants checked a box for each consequence that they experienced in the past month (e.g., “While drinking, I have said or done embarrassing things”). We summed items to create a measure reflective of the number of distinct alcohol-related problems experienced in the past 30 days (Sample 1,  $\alpha = 0.91$ ; Sample 2,  $\alpha = 0.89$ ). Due to experimenter error in Sample 2, two items were given as one item, resulting in a 23-item version of the measure. Data were analyzed including/excluding this compound item, and no differences were found in the pattern of results.

#### 2.2.3. Drinking motives

Drinking motives were assessed using the 28-item Modified Drinking Motives Questionnaire-Revised (M-DMQ-R; Grant et al., 2007), which splits the original coping motives facet into coping with anxiety and coping with depression (i.e., five facets instead of four facets). Consistent with Grant et al.’s recommendations, we used the social subscale from the DMQ-R (Cooper, 1994). For both measures, respondents used a 5-point response scale (1 = *never/almost never*, 5 = *almost always/always*). Alphas ranged from 0.78 to 0.96 across subscales and samples.

#### 2.2.4. Depressive symptoms

Depressive symptoms were assessed using the 20-item Center for Epidemiological Studies Depression-Revised (CESD-R; Eaton, Muntaner, Smith, Tien, & Ybarra, 2004) measured on a 5-point response scale (1 = *Not at all or Less than 1 day*, 2 = *1–2 Days*, 3 = *3–4 Days*, 4 = *5–7 Days*, 5 = *Nearly Every day for 2 weeks*). Example items include, “I felt depressed” and “I lost interest in my usual activities” (Sample 1,  $\alpha = 0.94$ ; Sample 2,  $\alpha = 0.93$ ).

#### 2.2.5. Anxiety symptoms

Anxiety symptoms (i.e., worry) was assessed using the 16-item Penn State Worry Questionnaire (PSWQ; Meyer, Miller, Metzger, & Borkovec, 1990) measured on a 5-point response scale (1 = *not at all typical of me*, 5 = *very typical of me*). Example items include, “My worries overwhelm me” and “Once I start worrying, I cannot stop” (Sample 1,  $\alpha = 0.93$ ; Sample 2,  $\alpha = 0.92$ ).

### 2.3. Statistical analyses

We used path analysis/structural equation modeling (Mplus 7.4; Muthén & Muthén, 1998–2012) to test the four proposed conceptual models (see Fig. 1) across two distinct datasets. Although not shown in the models for reasons of parsimony, gender (0 = males, 1 = females), the three other drinking motives (i.e., social, enhancement, and conformity), and alcohol consumption were modeled as covariates in all models. We examined the total, direct, and indirect effects of each predictor variable on alcohol-related problems using bias-corrected bootstrapped estimates (Efron & Tibshirani, 1993) based on 10,000 bootstrapped samples, which provides a powerful test of mediation (Fritz & MacKinnon, 2007) and is robust to small departures from normality (Erceg-Hurn & Mirosevich, 2008). Statistical significance was determined by 95% bias-corrected bootstrapped confidence intervals that do not contain zero.

## 3. Results

The total, total indirect, specific indirect, and direct effects across samples/models are summarized in Table 1, including model fit of the DTC latent score model. For, bivariate correlations and descriptive statistics, see Supplemental Table 1.

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