



# Hopelessness and alcohol use: The mediating role of drinking motives and outcome expectancies



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## ABSTRACT

**Introduction:** Heavy drinking is a considerable public health concern. There is a broad evidence-base examining the separate contributions of personality characteristics, motives and alcohol-expectancies on subsequent alcohol use to identify those at risk. However, little is known about the complex relationships by which these variables may interact to predict drinking behavior. Feelings of hopelessness and anxiety sensitivity are hypothesized to be distal predictors of alcohol use, with outcome expectancies and drinking motives more proximal. Therefore, the aim of the current study was to examine whether hopelessness and anxiety sensitivity influenced alcohol use via drinking to cope and alcohol - outcome expectancies.

**Methods:** We recruited 230 participants to complete an online questionnaire consisting of the brief drinking motives questionnaire, the Substance Use Risk Profile scale and Brief Comprehensive Effects of Alcohol scale. We conducted path analyses using structural equation modelling.

**Results:** We demonstrated a significant direct effect of anxiety sensitivity on alcohol use, and a significant serial indirect effect of hopelessness through coping motives and alcohol outcome expectancies.

**Conclusions:** These findings suggest feelings of hopelessness may predict alcohol consumption through a complex pathway and future research should use these findings to identify individuals at risk of increased alcohol use.

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## 1. Introduction

Heavy drinking constitutes a significant public health concern, directly costing the UK National Health Service approximately £3.5bn per year (Public Health England, 2014). A considerable amount of research has demonstrated that certain personality traits are associated with elevated alcohol use, for example, impulsivity (a tendency to act without thinking; (Dawe, Gullo, & Loxton, 2004)) and neuroticism (a tendency to feel psychological distress including anxiety and depression; (Costa & McCrae, 1992)). As well as these non-substance-specific traits, measures of specific substance-related dispositions have been developed to improve our understanding of the individual differences that may contribute to alcohol use.

The Substance Use Risk Profile Scale (SURPS; Woicik, Stewart, Pihl, & Conrod, 2009) was developed to examine four motivational profiles for alcohol use, measuring Anxiety Sensitivity, Hopelessness, Sensation Seeking and Impulsivity. Hopelessness - pessimism towards oneself and one's future, often co-occurring with depression (Hudson, Wekerle, & Stewart, 2015) and anxiety sensitivity - awareness of symptoms which causes distress (Loxton, Bunker, Dingle, & Wong, 2015),

both have been recognized in the four-factor model of personality vulnerability to alcohol misuse (Castellanos-Ryan & Conrod, 2012). This model predicts that each personality risk factor is related to specific drinking motives (Mackinnon, Kehayes, Clark, Sherry, & Stewart, 2014) and precise patterns of substance use, as well as certain psychological disorders (Castellanos-Ryan & Conrod, 2012).

Support for the four-factor model has been found in several studies demonstrating that these personality risk factors predict unique variance in alcohol consumption (Hustad, Pearson, Neighbors & Borsari, 2014). However, the overall evidence is equivocal. Research has found positive associations between anxiety-sensitivity and alcohol use (e.g. Omiya, Kabori, Tomoto, Igarashi, & Iyo, 2015) or problems (e.g. Mackinnon et al., 2014), but negative associations have also been reported (Ali et al., 2016; Castellanos-Ryan, O'Leary-Barrett, Sully, & Conrod, 2013; Krank et al., 2011; Wagner, 2001). Additionally, hopelessness has been found to positively correlate with alcohol use in several studies (e.g. Krank et al., 2011; Malmberg et al., 2010), whereas no association was reported by Mackinnon et al. (2014). More recently, (Loxton et al., 2015) failed to find an association between both hopelessness or anxiety sensitivity and drinking behaviour. Currently, the strength and direction of these relationships are unclear (Staiger, Kambouropoulos, & Dawe, 2007), and this is most likely to be due to individual differences in variables that mediate the association between these personality types and alcohol mis(use).

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Motivational models of alcohol use argue that risk factors, including personality traits, may influence alcohol use through a common pathway of drinking motives (Stewart & Devine, 2000). These motives include; social, enhancement, conformity and coping drinking motives (Cooper, 1994). Although all these motives are consistently found in samples of drinkers, and are to some extent associated with alcohol use, drinking to cope (drinking to reduce or evade anxiety and negative affect; (Blumenthal, Leen-Feldner, Frala, Badour, & Ham, 2010)) and drinking for enhancement (drinking to enhance or sustain positive feeling; (Lewis et al., 2008)) are more frequently associated with heavy alcohol use (Tobin, Loxton, & Neighbors, 2014). Indeed, coping motives are associated with a greater number of drinking problems (Thomas, Merrill, von Hofe, & Magid, 2014) and other alcohol related consequences, such as risky behaviour and academic/occupational problems (Merrill & Read, 2010). Importantly, the four-factor model of personality vulnerability to alcohol misuse argues that individuals high in hopelessness or anxiety sensitivity may drink to cope (Schlauch et al., 2014) as anxiety-sensitivity increases drinking due to its perceived stress relieving effects, whereas hopelessness increases drinking to cope with negative affect (Castellanos-Ryan & Conrod, 2012).

The indirect effect of anxiety sensitivity and/or hopelessness on drinking through coping motives has been demonstrated in numerous studies (e.g. Grant, Stewart, O'Connor, Blackwell, & Conrod, 2007; Mackinnon et al., 2014; Schlauch et al., 2014; Stewart, Zvolensky, & Eifert, 2001; Woicik et al., 2009)). There are, however, multiple examples of studies that fail to show one or both of these indirect effects (e.g. (Mackinnon et al., 2014; Magid, MacLean, & Colder, 2007; Merrill & Read, 2010)). This inconsistency suggests that there are additional factors mediating the association between anxiety sensitivity/hopelessness and alcohol misuse. One factor that has also been implicated as a mediator between personality and drinking is alcohol outcome expectancies (AOE; (Donovan, Molina, & Kelly, 2009)). These refer to what drinkers believe or expect will happen when they consume alcohol. Specifically, positive AOE are beliefs that drinking alcohol may be beneficial and lead to positive outcomes for the drinker (Blume & Guttu, 2015). Much research has shown AOE, particularly positive, are associated with alcohol use (Blume & Guttu, 2015; Cable & Sacker, 2008; McCarthy, Wall, Brown, & Carr, 2000; Patrick, Wray-Lake, Finlay, & Maggs, 2010; Reich, Ariel, Darkes, & Goldman, 2012) as well as coping motives (Carrigan, Ham, Thomas, & Randall, 2008). Importantly, studies have shown that coping strategies and AOE interact to predict alcohol use (Hasking & Oei, 2002), and that both AOE and coping motives may be required to significantly predict drinking (e.g. (Cooper, Russell, & George, 1988)). Therefore, it is possible that both coping motives and AOE are mediators in the relationship between hopelessness, anxiety-sensitivity and alcohol use.

The aim of this study was to examine the potential pathway by which hopelessness and anxiety sensitivity contribute to alcohol use in social drinkers. We hypothesized that hopelessness and anxiety-sensitivity would be associated with drinking to cope. We also hypothesized that coping motives and positive AOE would be associated, and both of these were expected to predict increased alcohol use. Finally, we hypothesized that both coping drinking motives and positive AOE would mediate the indirect effect of hopelessness and anxiety sensitivity on alcohol use.

## 2. Methods

### 2.1. Participants

Two-hundred and thirty participants (196 female), with a mean age of 22.91 ( $\pm 9.68$ ) years, were recruited from the university and wider community. Inclusion criteria involved a minimum age of 18 years, regular consumption of alcohol (at least once per week) and fluent English speaking. Data was collected using opportunity sampling. Participants were recruited via university intranet, social media and advertisements

in the community. All participants provided informed consent before completing the survey, which was approved by the University of Liverpool's Research Ethics Committee.

### 2.2. Questionnaires

*Time Line Follow-Back* (TLFB; Sobell & Sobell, 1990): The TLFB self-report questionnaire was used to assess weekly alcohol consumption. Following an explanation of the number of units contained in standard alcoholic drinks (one UK alcohol unit = 8 g of alcohol), participants estimated the number of units they had consumed over the preceding seven days. Although this represents a short period of time, these periods can be used to assess unit consumption with minimal loss in accuracy of data (Gioia, Sobell, Sobell, & Simco, 2012; Vakili, Sobell, Sobell, Simco, & Agrawal, 2008).

*The Alcohol Use Disorders Identification Test* (AUDIT; (Saunders, Aasland, Babor, De la Fuente, & Grant, 1993)): The AUDIT was used to assess hazardous drinking. The AUDIT consists of ten fixed response questions regarding alcohol consumption and consequences of drinking. Scores on the AUDIT range between 0 and 40 with scores of 8 or above indicating hazardous or harmful alcohol use.

*The Substance Use Risk Profile Scale* (Woicik et al., 2009). The SURPS has 23 items measuring four personality risk factors (sensation seeking, impulsivity, hopelessness and anxiety-sensitivity) for alcohol misuse. Sensation seeking is measured on six items, impulsivity on five, hopelessness on seven and anxiety sensitivity on five. Answers took the form of a four-point Likert scale ranging from strongly disagree to strongly agree.

#### 2.2.1. Brief comprehensive effects of alcohol scale (CEOA-B; Ham, Stewart, Norton, & Hope, 2005)

This consisted of 15 items measuring what participants expect to happen when they consume alcohol (i.e. alcohol outcome expectancies). The scale contains positive AOE subscales (Tension reduction; Social facilitation; Liquid courage; Self Perception) and negative expectancy subscales (Cognitive-behavioural impairment; Risk taking/aggression; negative self evaluation). All statements were a possible completion of the sentence "when I drink alcohol, I expect that..." Answers took the form of a four-point scale from strongly disagree to strongly agree.

#### 2.2.2. Modified drinking motives questionnaire short form (DMQ-R SF; Kuntsche & Kuntsche, 2009)

The DMQ-R SF is a 12 item self-report scale in which participants endorse statements relating to different motivations to drink on a Likert scale. Answers range from 1 (never/almost never) to 5 (always/almost always). The DMQ-R consists of 4 subscales; Conformity, Enhancement, Social and Coping.

### 2.3. Procedure

After accessing the online site, participants were shown an information sheet and gave informed consent. Participants were then asked to complete the questionnaires and give basic demographic information (age and gender). Participants were debriefed and thanked for participation.

### 2.4. Data analysis

We computed a composite measure of alcohol use as our dependent variable. We used this measure in order to better capture the general pattern of alcohol use rather than a specific behaviour such as heavy episodic drinking, as in previous research (see (Christiansen & Bloor, 2014; Fernie et al., 2013)). This consisted of scores on the AUDIT, units consumed as measured by the TLFB and frequency of heavy episodic drinking (6+ units in a single session for females 8+ for males: Office of

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