



Negative affect intensity influences drinking to cope through facets of emotion dysregulation



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ABSTRACT

Of all the motives for drinking, drinking to cope is the strongest predictor of problematic alcohol use, particularly for adolescent and college-age drinkers, with limited work assessing predictors of drinking to cope for community adult samples. At least for young adults, drinking to cope is associated with heightened negative affect and may serve as a substitute for more adaptive emotion regulation strategies. The current study tested an indirect relationship between negative affect intensity, or the propensity to experience strong negative affect, and drinking to cope via difficulties in emotion regulation, using a multiple mediator model. The model was tested using bootstrapping estimates of indirect effects in a combined sample of 566 college students ($M_{age} = 19.75\%$, 40.8% women) and 104 non-college student adults ($M_{age} = 35.40\%$, 36.5% women). Results revealed that negative affect intensity indirectly predicted drinking to cope through lack of emotional clarity and limited emotional strategies, with no moderation by sample. Results indicate that problems in clearly identifying specific emotional experiences appear to be important in predicting drinking to cope for people who experience intense negative emotions, suggesting that treatment and prevention efforts focused on teaching emotional clarity and/or learning multiple regulation strategies may be important in reducing coping-motivated drinking.

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1. Introduction

A substantial percentage of college students (20%) engage in heavy alcohol consumption (National Institute on Alcohol Abuse, 2012), including binge drinking and general alcohol misuse. Moreover, research examining why individuals consume alcohol (Cooper, Frone, Russell, & Mudar, 1995; Crutzen, Kuntsche, & Schelleman-Offermans, 2013) indicates that drinking to cope with negative emotions is the drinking motive most predictive of problematic drinking (Merrill & Thomas, 2013; Read, Wood, Kahler, Maddock, & Palfai, 2003), at least for adolescents and young adults (Kuntsche, Knibbe, Gmel, & Engels, 2005). Despite the fact that hazardous drinking occurs across all age groups and populations (Thun et al., 1997), most available research on drinking patterns focuses primarily on college students or alcohol dependent samples (for recent exceptions, see Crutzen et al., 2013; Kim & Joen, 2012).

Past research has examined personality and emotional factors that predict alcohol misuse and drinking to cope. For example, neuroticism, an index of the tendency to experience negative emotions, is a risk factor for the onset and maintenance of alcohol use disorders (Kilbey, Downey, & Breslau, 1998), and predicts both

drinking problems and drinking to cope (Cooper, Agocha, & Sheldon, 2000). Coping motives mediate the relationship between neuroticism and drinking problems for young adults (Mezquita, Stewart, & Ruipérez, 2010; Stewart, Loughlin, & Rhyno, 2001; Theakston, Stewart, Dawson, Knowlden-Loewen, & Lehman, 2004), suggesting that young adults low in emotional stability are prone to drinking as a way to cope with heightened negative emotions. However, the generalizability of personality and emotional predictors of drinking motives for community adult samples is heretofore unknown.

Investigations focusing broadly on neuroticism may obscure the role of specific aspects of emotional dysfunction in predicting alcohol related outcomes, highlighted by research that suggests only some facets of neuroticism (e.g. self-consciousness, impulsivity) are predictive of drinking problems (Ruiz, Pincus, & Dickinson, 2003). Moreover, some aspects of affective dysfunction are not captured by neuroticism measures, including affect intensity, or the temperamental propensity to experience strong reactions to emotional events. Defined as stable individual differences in the strength of emotional experience (Larsen & Diener, 1987), affect intensity incorporates both positive and negative subjective experiences to typical life events. Negative intensity, or the strength of experienced negative affect, and negative reactivity, or an individual's response or reaction to negative emotional events, appear to be most indicative of psychopathology. For example, higher affect

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intensity and reactivity are associated with borderline personality disorder (Gratz, Tull, Baruch, Bornovalova, & Lejuez, 2008), and compared to non-substance using controls, substance abusing individuals report higher negative intensity and reactivity (Thorberg & Lyvers, 2006).

Experiencing more frequent and/or more intense negative emotions is not inherently problematic; individuals who experience strong emotions and know how to regulate them may not encounter negative consequences. Research has demonstrated that maladaptive emotion regulation strategies such as emotion inhibition mediate the relationship between affect intensity and psychological distress (Lynch, Robins, Morse, & Krause, 2001) and psychopathology (Gratz et al., 2008). In the substance use realm, difficulties in emotion regulation have been linked to both substance abuse (Cheetham, Allen, Yucel, & Lubman, 2010; Kashdan, Ferrisididis, Collins, & Muraven, 2010) and to coping motives (Bonn-Miller, Vujanovic, & Zvolensky, 2008). It may be that people with more frequent and more intense negative emotions abuse substances (e.g. drink alcohol) because they lack the skills to regulate these emotions otherwise (Cooper et al., 1995; Merrill & Thomas, 2013), and thus learn to use substances as a coping strategy (e.g. drink to cope).

Taken together, these literatures suggest that characteristic responses to negative emotions may predict drinking to cope, as stronger reactions to negative stimuli or more intense negative feelings may make drinking to alleviate negative emotions even more appealing. In addition, it may be that affect intensity influences drinking to cope indirectly via emotion dysregulation, which can be conceptualized as the inability to effectively tolerate and access adaptive strategies to modulate the intensity and/or duration of emotional responses (Gratz, Rosenthal, Tull, Lejuez, & Gunderson, 2006). Although emotion dysregulation is thought to be a multidimensional construct (Gratz & Roemer, 2004), minimal literature has explored which facets are predictive of drinking to cope. Identifying particular areas of dysregulation that are most predictive of problematic drinking may be valuable in both treatment and prevention efforts. Evidence suggests that non-acceptance of emotional responses predicts coping-related marijuana use (Bonn-Miller et al., 2008; Shaver, Veilleux, & Ham, in press), differentiation among emotions appears to serve as a protective factor for alcohol use (Kashdan et al., 2010), and drinking to cope may stem from lack of appropriate alternative coping strategies (Cooper et al., 1995; Merrill & Thomas, 2013). Thus, we predicted that non-acceptance, lack of emotional clarity, and lack of regulation strategies would be likely mediator candidates for the relationship between affect intensity and drinking to cope.

As drinking to cope has been studied primarily in college students, it will be valuable to study the relationships between affect intensity, emotion regulation and drinking to cope in multiple samples to test for generalizability of the proposed relationships. Specifically, we wondered if the proposed mediation of affective factors predicting drinking to cope would differ between samples (e.g. moderated mediation). We had no specific predictions about how the samples would differ considering the paucity of research on correlates of drinking motives in community adult samples.

2. Method

2.1. Participants and procedure

There were two samples used in the current study. College students ($N = 566$, $M_{age} = 19.75\%$, 40.8% female, 85.9% Caucasian) were recruited through a psychology subject pool at a large mid-south university. Adult non-college participants were recruited through Amazon Mechanical Turk, a web-based service composed of

“workers” who complete online tasks for small amounts of money. For this study, workers were restricted to those living in the U.S., and any participants who indicated current enrollment in college ($N = 16$) were excluded to ensure sample independence ($N = 104$ participants, $M_{age} = 35.40\%$, 36.5% female, 82.7% Caucasian). Participants in both samples completed self-report measures online. All participants were required to be current drinkers, identified by reporting drinking frequency of at least monthly via the first item of the Alcohol Use Disorders Identification Test (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001).

2.2. Measures

2.2.1. Drinking

The *Alcohol Use Disorders Identification Test* (AUDIT; Babor et al., 2001) is a 10-item questionnaire designed to identify recent hazardous and harmful drinking. Internal consistency (α) in the current study was .82. The *Drinking Motives Questionnaire—Revised* (DMQ-R; Cooper, 1994) is a 20-item self-report measure designed to quantify reasons for drinking alcohol. The DMQ-R includes four subscales: coping, social (e.g., drinking to obtain social rewards), enhancement (e.g., drinking to enhance positive mood), and conformity motives for drinking (e.g., drinking to avoid social rejection). All subscales had adequate internal consistency: coping ($\alpha = .84$), social ($\alpha = .91$), enhancement ($\alpha = .87$), and conformity ($\alpha = .85$).

2.2.2. Affect intensity

The *Affect Intensity Measure* (AIM; Larsen, Diener, & Emmons, 1986) measures temperamental responsivity to emotions. The Negative Intensity subscale ($\alpha = .77$) measures the tendency to have intense negative emotional experiences, whereas the Negative Reactivity ($\alpha = .74$) subscale assesses the tendency to respond strongly to emotional stimuli (Bryant, Yarnold, & Grimm, 1996).

2.2.3. Emotion dysregulation

The *Difficulties with Emotion Regulation Scale* (DERS; Gratz & Roemer, 2004) is a 36-item measure designed to assess clinically relevant difficulties in six skills theoretically needed for effective emotion regulation, with higher scores indicative of greater difficulties. The skills include: Non-acceptance of emotional responses ($\alpha = .88$), difficulties engaging in Goal-directed behavior ($\alpha = .86$), Impulsivity ($\alpha = .86$), limited emotional Awareness ($\alpha = .79$), limited access to emotion regulation Strategies ($\alpha = .91$) and lack of emotional Clarity ($\alpha = .78$).

2.3. Statistical analyses

Mediation analyses were conducted in SPSS via Hayes' (2013) macro PROCESS that models moderation, mediation and/or moderated mediation. The mediation procedure allows for multiple parallel mediators, assessment of potential moderators of model pathways, and assessment of direct, indirect, and conditional (e.g. moderated mediation) effects. The procedure provides unstandardized regression coefficients and estimates indirect effects using 95% bootstrapped confidence intervals (using 10000 bootstrapped samples), where confidence intervals that do not include zero are considered significant effects. This method is thought to be superior to traditional regression approaches to mediation (e.g., Baron & Kenny, 1986), because the bootstrapping method does not require the data to adhere to assumptions of normality, and it maximizes power with smaller samples (Hayes, 2009, 2013). In the current study, each affect intensity factor (negative intensity and negative reactivity) was evaluated as a central predictor while controlling for the other factor, with the same random number seed entered into the macro to ensure the same bootstrapped samples

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