



# Compounding risk: An examination of associations between spirituality/religiosity, drinking motives, and alcohol-related ambivalence among heavy drinking young adults



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## HIGHLIGHTS

- Spirituality/religiosity (S/R), drinking motives (DM), and ambivalence were examined.
- Two and three-way interactions emerged regarding heavy drinking and problems.
- High DM, low S/R, and high ambivalence were associated with drinking outcomes.

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## ABSTRACT

**Objectives:** The present study assessed combinations of spirituality/religiosity (S/R), a known protective factor against heavy drinking, with drinking motives, and alcohol-related ambivalence to better understand how these factors interrelate and are associated with drinking and alcohol-related problems.

**Methods:** Participants were 241 heavy drinking undergraduate students (81.74% female;  $M_{age} = 23.48$  years;  $SD = 5.50$ ) who completed study questionnaires online.

**Results:** Coping, enhancement, and conformity drinking motives were associated with greater alcohol use and problems, however there were no main effects of either ambivalence or S/R on alcohol outcomes. S/R interacted with ambivalence with respect to drinking and problems. S/R also interacted with conformity drinking motives with respect to drinking and problems. Further, ambivalence interacted with conformity drinking motives regarding problems. Three-way interactions emerged between ambivalence, S/R, and drinking motives (social, coping, and enhancement motives) regarding drinking and problems. Results show that individuals at highest risk for problematic drinking are those who more strongly endorse drinking motives, are low in S/R, and high in ambivalence.

**Conclusions:** Findings supported hypotheses and provide support for clusters of individual difference factors that put heavy drinking college students at higher risk for problematic drinking. These examinations have practical utility and may inform development and implementation of interventions and programs targeting alcohol misuse among heavy drinking undergraduate students.

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## 1. Introduction

Excessive drinking among undergraduate students remains a public health concern in the United States due to varying negative consequences (Ham & Hope, 2003; Hingston, Zha, & Weitzman, 2009). The US Surgeon General and the Department of Health and Human Services recognize that one of the major social and public health concerns

experienced by undergraduate students is heavy drinking (U.S. Department of Health and Human Services, 2010). Almost 13% of college students drink heavily, a rate that is higher than non-college student same age peers (Substance Abuse and Mental Health Services Administration, 2014). Drinking to excess in college can lead to a multitude of adverse outcomes (Dunn, Larimer, & Neighbors, 2002; Perkins, 2002a, 2002b) including diminished academic performance (Johnston, O'Malley, Meich, Bachman, & Schulenberg, 2014; Kuntsche, Knibbe, Gmel, & Engels, 2005), involvement in risky sexual behaviors, and missed opportunities for personal success (Dunn et al., 2002; Geisner, Larimer, & Neighbors, 2004; Hingston, 2010). Research also indicates

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that heavy drinking undergraduates report mental and physical health issues such as alcohol dependence, depression, anxiety, eating disorders, and weight gain (Abbey, Buck, Zawacki, & Saenz, 2003; Dunn et al., 2002; Gerend & Cullen, 2008). Therefore, it is necessary to understand combinations of factors that influence heavy drinking behavior in order to appropriately design and implement prevention and intervention strategies for this vulnerable population. Specifically, we examine associations between S/R, a protective factor against problematic drinking, and factors that are associated with greater drinking (i.e., drinking motives and alcohol-related ambivalence) to better understand how clusters of such factors impact drinking behavior.

### 1.1. Spirituality/religiosity

Spirituality is generally conceptualized as a personal relationship with a higher power with a focus on transcendence (Barry, Nelson, Davarya, & Urry, 2010; Sauer-Zavala, Burris, & Carlson, 2014), whereas religiosity tends to be conceptualized as an organized belief system with proscriptions for behavior that is upheld by other group members (Good & Willoughby, 2006). Previous research has repeatedly demonstrated that aspects of both spirituality and religiosity buffer against heavy and problematic drinking (e.g., Neighbors, Brown, Dibello, Rodriguez, & Foster, 2013; Stewart, 2001). A recent review of the literature found evidence for a negative association between S/R and alcohol consumption in over 80% of studies (Koenig, King, & Carson, 2012). However, less is understood about how S/R exerts this protective influence on drinking or what combinations of factors are associated with lower risk of heavy drinking. Researchers have posited that religiosity is negatively associated with unhealthy behaviors such as heavy drinking in part because several religions have proscribed notions of what is acceptable behavior and drinking in moderation or abstinence from drinking are generally encouraged (Kathol & Sgoutas-Emch, 2016; Jarvis & Northcott, 1987). Another potential reason why religiosity is negatively associated with heavy drinking is that personal attitudes toward alcohol tend to be more negative (Chawla, Neighbors, Lewis, Lee, & Larimer, 2007) and norms for drinking among religious populations tend to be lower (Patoek-Peckham, Hutchinson, Cheong, & Nagoshi, 1998). Thus, individuals may personally view alcohol more negatively, have lower perceptions of others' drinking (perceived descriptive norms), and more readily conform to these lower drinking norms in spiritual/religious populations compared to non-spiritual/religious groups, so as to not deviate from those with whom they identify, all of which may result in lower rates of drinking and alcohol-related problems. Finally, religiosity is thought to result in healthier behaviors because it can offer more positive resources for coping such as social support by fellow members of the congregation (Menagi, Harrell, & June, 2008), while spirituality can provide positive coping in the form of reliance on God for help (Giordano et al., 2015), both of which may prevent individuals from drinking alcohol for coping purposes (Ciarrocchi & Brelsford, 2009). While there are several proposed reasons for why this negative link between S/R and alcohol use exists, less is understood about how S/R and other individual difference factors interrelate, and how these combined associations relate to heavy drinking. Next, we will discuss how S/R relates to motivations for drinking.

### 1.2. Drinking motives

The reasons why individuals choose to consume alcohol often vary. Motivational drinking models have attempted to explain why people drink, and suggest that alcohol consumption is often associated with desired outcomes (Cooper, 1994). Cooper (1994) classified motivations for drinking into four domains: conformity (e.g., "So that others won't kid you about not drinking"), coping (e.g., "To cheer you up when you are in a bad mood"), social (e.g., "To be sociable"), and enhancement (e.g., "Because you like the feeling"). Research shows drinking motives are associated with fewer protective behavioral strategies (i.e., putting

extra ice in a drink; Linden, Kite, Braitman, & Henson, 2014), pre-gaming more frequently (Bachrach, Merrill, Bytschkow, & Read, 2012) and higher rates of alcohol use and problems (Cooper, 1994; Fossos, Kaysen, Neighbors, Lindgren, & Hove, 2011; Foster & Neighbors, 2013; Foster, Neighbors, & Prokhorov, 2014; Kuntsche et al., 2005). Thus, motives were expected to be risk factors for greater drinking and related problems in the present sample. Additionally, we expected S/R to interact with drinking motives. Prior research has found that those with higher religious coping reported lower endorsement of social and enhancement drinking motives, especially among women (Daugherty & McLarty, 2003). Thus, S/R was expected to moderate the effect of motives on drinking and problems such that more strongly endorsing any of the drinking motives would be associated with increased risk drinking and problems, particularly among those lower in S/R who do not reap the protective benefits associated with S/R.

### 1.3. Ambivalence

Despite having motives for drinking, many individuals may not have straightforward positive evaluations of alcohol consumption. In other words, individuals tend to be ambivalent about alcohol consumption (Cameron, Stritzke, & Durkin, 2003; Conner et al., 2002; Graham, 2003). Drinking ambivalence is the internal conflict that arises when an individual identifies both the advantages/pros (i.e., escaping problems or for enjoyment) and disadvantages/cons (i.e., behaving badly or hangovers) of drinking (Miller & Rollnick, 2002). This inconsistency with respect to alcohol expectations can create a "drinker's dilemma" due to the awareness of the potential negative as well as positive consequences of alcohol consumption (Edwards et al., 1994). Research shows that ambivalence is linked with increases in drinking and the experience of alcohol-related problems (Oser, McKellar, Moos, & Moos, 2010) including not being able to do homework or study for a test, passing out, and getting into fights (White & Labouvie, 1989). Furthermore, those seeking therapy for drinking reported consuming more alcohol if the therapist focused on the ambivalence when ambivalence was high and motivation to change was low (Magill, Stout, & Apodaca, 2013).

Moreover, previous studies have indicated that S/R interacts with ambivalence. A recent study on political behavior found that S/R was linked to value-driven religious ambivalence, such that those with higher S/R experienced more ambivalence toward constructs that contradicted values of their religion (Ben-Nun, Bloom, & Arikan, 2012). However, S/R predicted an in-group effect, which is protective against contrary behaviors (Ben-Nun et al., 2012). Many religions have negative attitudes toward drinking (Johnson, Sheets, & Kristeller, 2008), thus, we expected that S/R would moderate the effect of ambivalence on drinking and problems such that ambivalence would be associated with greater drinking/problems among those lower in S/R compared to those higher in S/R.

Research also shows that ambivalence interacts with drinking motives such that those who are higher in motives and ambivalence tended to consume more alcohol and report experiencing more alcohol problems (Foster et al., 2014). Moreover, a qualitative study revealed that most motives for drinking were also identified as reasons for not drinking as consumption increased, with the exception of violence, alcoholism, and cost (de Visser & Smith, 2007). Based on previous work, ambivalence was expected to be linked with greater drinking and alcohol-related problems for the present sample. Further, ambivalence was expected to moderate the relationship between motives and drinking and problems such that motives would be linked with higher alcohol use and problems among those high in ambivalence, but would be linked with lower drinking and alcohol-related problems among those low in ambivalence.

Taken together, extant literature indicates that S/R may influence relationships among motives and ambivalence, and may play an important role in influencing drinking outcomes. In other words, S/R was expected to interact with motives and ambivalence with respect to

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