



# Difficulties in emotion regulation and problem drinking in young women: The mediating effect of metacognitions about alcohol use



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## HIGHLIGHTS

- Emotion dysregulation, metacognitions and alcohol use in young women were examined.
- Metacognition may be a mediator between emotion dysregulation and problem drinking.
- Positive metacognitions fully mediate between emotion dysregulation and drinking.
- Drinking in young people relates to positive expectation concerning self-regulation.

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## ABSTRACT

**Introduction:** The aim of the current study was to examine, in a sample of women aged 18–25, the association between difficulties in emotion regulation, metacognitions about alcohol use and problem drinking. According to metacognitive model of problem drinking, it was assumed that metacognitions are potential mediators in the relationship between emotional dysregulation and problem drinking.

**Methods:** A total sample of 502 women was recruited. They were administered a questionnaire identifying problem drinking (AUDIT), the Difficulties in Emotion Regulation Scale (DERS) and two scales measuring metacognitions about alcohol use: the Positive Alcohol Metacognitions Scale (PAMS) and the Negative Alcohol Metacognitions Scale (NAMS). A structural equation model of the relationships between emotional dysregulation and problem drinking – including a mediating role of metacognitions concerning alcohol use – was tested.

**Results:** No direct association between emotional dysregulation and problem drinking was observed. A relationship between those variables became apparent once metacognitions were considered as a mediator; however, only positive metacognitions about alcohol use emerged as a significant predictor of drinking behavior, and as a full mediator of the relationship between emotion dysregulation and problem drinking.

**Conclusions:** The results provide evidence for a metacognitive conceptualization of problem drinking. They emphasize the role of positive metacognitions about alcohol use. However, this result could be age-specific; it confirms previous findings that, in samples of young people, drinking is primarily related to positive metacognitions concerning cognitive emotional self-regulation.

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## 1. Introduction

### 1.1. Alcohol use and emotion regulation

Many researchers state that emotions and their regulation are central to human life (Philippot & Feldman, 2013). This notion applies also to problem drinking and, more broadly, to the phenomenon of substance use. It is often underlined that the majority of theories of drinking behavior and alcohol problems accord an important, even central, role to emotional factors, and that understanding the relationship between the emotions and alcohol use is a fundamental theoretical issue (Lang,

Patrick, & Stritzke, 1999). It is thought that while not all consumption of alcohol is prompted by exclusively emotional motives, the desire to regulate both positive and negative emotions is a major motivation. Apart from enhancing positive emotions, alcohol is very often used to alter negative emotions; however, its emotional impact is diffuse and nonselective. Thus, it is assumed that alcohol is one of the psychoactive substances which can be used to regulate emotion, and that the drinking of alcohol with the aim of influencing emotional state may be perceived as a strategy of emotion regulation.

Emotion regulation is a complex construct for which no commonly acclaimed definition nor consensus upon its core features exists (Thompson, Lewis, & Calkins, 2008). Gross (1998) relates this concept to the intrinsic and extrinsic processes by which people influence which emotions they have, when they have them, and how they

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experience and express them. Within the field of clinical psychology, the discussion focuses on core aspects of emotion regulation, seen as a potentially unifying function of diverse symptom presentations and maladaptive behaviors. Gratz and Roemer (2004) reviewed the literature on conceptualizations of emotion regulation, and noticed that while some of them emphasize the control of emotional experience and expression along with the reduction of emotional arousal, others underline the primarily functional nature of emotions. According to this second group of conceptualizations, emotion regulation is not a synonym for emotional control and is not necessarily associated with immediate reduction of negative affect. The authors have proposed their own conceptualization of the core aspects of emotion regulation, including: (a) awareness and understanding of emotions, (b) acceptance of emotions, (c) ability to control impulsive behaviors and to behave in accordance with desired goals when experiencing negative emotions, and (d) ability to make flexible use of situationally appropriate emotion regulation strategies, with the aim of modulating emotional responses. According to this multidimensional model, emotional dysregulation, or difficulties in emotion regulation, are related to the absence of any or all of these abilities. The model describes processes engaged in the general ability to regulate emotions, not specifically within the context of alcohol use.

However, research confirms that difficulties in emotion regulation are broadly associated not only with the symptoms of emotional disorder but also with the problematic use of alcohol and with alcohol-related consequences (Berkling et al., 2011; Dvorak et al., 2014).

### 1.2. Alcohol use and metacognitively directed cognitive–emotional regulation

Recent conceptualizations of alcohol use in terms of cognitive–emotional regulation emphasize the role of metacognition (Spada, Caselli, & Wells, 2013; Spada & Wells, 2005, 2009). The concept of metacognition refers to the aspect of cognitive processing being responsible for the monitoring, evaluation, interpretation and regulation of the content of cognitions, and also for its own organization (Moses & Biard, 1999). It is assumed that since metacognition fulfills an executive function with regard to cognitive processing, it also plays a contributory role in emotion regulation (Wells, 2000). From this standpoint, the role of metacognitive beliefs is central to the development and persistence of emotional dysfunction. Spada and co-authors, in several publications (e.g. Spada, Caselli, Nikčević, & Wells, 2015; Spada et al., 2013; Spada & Wells, 2005, 2009), conceptualized the role of metacognition in problematic alcohol use and other addictive behaviors. The authors identified specific metacognitions about alcohol use and examined their association with drinking behavior (e.g. Spada, Zandvoort, & Wells, 2007). Such beliefs are thought to play a central role in motivating individuals to engage in alcohol use as a means of cognitive–emotional regulation. Two types of metacognitions about alcohol use are distinguished: positive and negative. Positive metacognitions are conceptualized as a specific form of expectancy relating to the use of alcohol as a means of controlling and regulating cognition and emotion (e.g. “Drinking helps me to control my thoughts”, “Drinking reduces my anxious feelings”). Negative metacognitions concern the perception of lack of executive control over alcohol use (e.g. “My drinking persists no matter how I try to control it”). Positive metacognitions are thought to play a central role in motivating individuals to engage in alcohol use as a means of affect regulation, whereas negative beliefs play a crucial role in the perpetuation of alcohol use (Spada & Wells, 2006, 2009). Thus, positive metacognitions about alcohol use are considered to be particularly important in the developing phase of problematic alcohol use (Spada & Wells, 2010). However, regular alcohol use is also associated with the activation of negative beliefs during and following a drinking episode; furthermore, activated beliefs trigger negative emotional states that compel a person to drink more (Spada, Moneta, & Wells, 2007). Spada and Wells (2009) and Spada et al. (2013), in their metacognitive model of problem drinking emphasize that alcohol use,

in problem drinking, is a metacognitive control strategy that becomes poorly regulated mainly due to activation of the set of symptoms termed cognitive–attentional syndrome (CAS). CAS is a style of managing thoughts and emotions, involving extended thinking (e.g. worry and rumination), threat monitoring, and such maladaptive coping strategies as avoidance and thought suppression. According to the metacognitive theory, CAS prolongs and intensifies negative emotional experience and is derived from underlying dysfunctional metacognition, being responsible for ineffective cognitive–emotional self-regulation. It is also seen as a “common core” of various categories of emotional disorder, and therefore a unifying construct describing the basic self-regulation mechanisms underlying various forms of psychopathology. Thus, general emotion dysregulation can be seen as a manifestation or consequence of CAS, and as reflecting underlying dysfunctional metacognition. In problem drinking, specific metacognitions about alcohol use and the way this substance is actually used are related to the general difficulties in emotion regulation, being a sign of impaired self-regulation (Spada & Wells, 2009). Namely, metacognitions about alcohol use provide the incentive for using alcohol as a specific strategy to cope with emotion and cognition (metacognitive positive beliefs about alcohol use), and, subsequently, for perpetuating this strategy (metacognitive negative beliefs about alcohol use), so giving rise to alcohol use problems. Therefore, the main goal of the current study was to examine a relatively simple model of the relationship between general emotional dysregulation and problem drinking, including the potentially mediating role of metacognitions about alcohol use.

## 2. Material and methods

### 2.1. Sample characteristics and procedure

A study was conducted on the sample of young females, taking into account several aspects related to alcohol use patterns and emotion regulation. Research confirms consistent gender differences in patterns of alcohol use (Holmila & Raitasalo, 2005; Wilsnack et al., 2000). Young age is indicated as an important risk factor for alcohol-related problems, and the rates of alcohol misuse in samples of women in higher education are described as “alarmingly high”. Some researchers (e.g. Stappenbeck, Bedard-Gilligan, Lee, & Kaysen, 2013) emphasize that in order to develop prevention programs and appropriate interventions it is crucial to understand which women are at the highest risk of drinking to cope with negative emotions. This is particularly true in the light of the literature indicating that gender is also one of the factors potentially influencing emotion regulation. Research shows that this variable, along with age, affects the extent and the way in which emotions are regulated (Aldao & Nolen-Hoeksema, 2011); however, studies on gender-related differences in the use of specific emotion-regulation strategies are scarce (Kwon, Yoon, Joormann, & Kwon, 2013). Differences between men and women are also underexplored in studies on the role of metacognition in problematic alcohol use (Clark et al., 2012). Taking into account the context of research on gender-related and age-related differences in emotion regulation, and also patterns of alcohol use, the principal aim of current study was to test associations between emotional dysregulation and problem drinking among young women, including in the model metacognitions about alcohol use.

A total sample of 502 young women were recruited, via advertisements distributed mainly at academic sites or (additionally) through a social networking service (Facebook sites of academic departments). An exclusion criterion was being a student of psychology; inclusion criteria were gender (female) and age (18–25 years). The mean age was  $M = 21.78$  ( $SD = 1.84$ ). The vast majority of the participants (99%) declared their nationality as Polish (the remaining 1% were Ukrainian or Swedish). Also, the vast majority (96%) were single (0.4% were married; the remaining marked the answer “other”). More than half the sample (54.6%) had received education to secondary level; 19.5% had a Bachelor's degree; 13.9% were enrolled in Master's degree

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