



# Self and partner alcohol-related problems among ACOAs and non-ACOAs: Associations with depressive symptoms and motivations for alcohol use



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## HIGHLIGHTS

- Examined depressive symptoms, motives, and ACOA status on alcohol problems
- ACOA women and women with more depressive symptoms were at risk for having a partner with more alcohol-related problems
- Higher depressive symptoms coupled with stronger motives for drinking to cope predicted participants' own alcohol-related problems

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## ABSTRACT

The present study examined whether drinking motivations and depressive symptoms would have a stronger impact on alcohol-related problems among adult children of alcoholics (ACOAs) and their dating partners as compared to non-ACOAs and their dating partners. Participants were 197 undergraduate (60 ACOAs, 137 non-ACOAs) 18 to 25 year-old female drinkers in dating relationships. Participants completed measures of ACOA screening, depressive symptoms, and drinking motives, as well as alcohol-related problems for themselves and their partner. Although no differences were found between ACOA and non-ACOA women's alcohol-related problems, ACOA women and women with greater depressive symptoms were at a higher risk of having a partner with more alcohol-related problems. In addition, we found that regardless of parental history of alcoholism, higher depressive symptoms coupled with stronger motives for drinking to cope with stressors predicted participants' own alcohol-related problems. These findings demonstrate the need for future research to examine additional factors that may moderate the effects of depressive symptoms and ACOA status on female college student drinking problems. A greater understanding of the unique and interactive effects of these variables on alcohol-related problems in both young women and their dating partners can aid in the development of prevention programs more targeted to the specific vulnerabilities of this population.

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## 1. Introduction

Between 25% and 30% of college students meet criteria for being an adult child of an alcoholic (ACOA; e.g., Grant, 2000). ACOAs are more likely to have alcohol use disorders (AUDs) than non-ACOAs (Guo, Hawkins, Hill, & Abbott, 2001), with heritability estimated at 50% (Goldman, Oroszi, & Ducci, 2005). Although many ACOAs have a strong genetic predisposition for alcohol misuse, other factors, such as depression (e.g., Pedrelli, Farabaugh, Zisook, Tucker, Rooney,

Katz, et al., 2011; Weitzman, 2004) and drinking motivations (e.g., Cooper, 1994; LaBrie, Lac, Kenney, & Mirza, 2011; Read, Wood, Kahler, Maddock, & Palfai, 2003), are associated with alcohol-related problems in college students. For this reason, we examined the role of depressive symptoms and drinking motivations among ACOA and non-ACOA undergraduates as related to their own and their partners' alcohol-related problems. We elected to study undergraduate women because women who misuse alcohol appear to choose a partner in part based on similarity in alcohol use (e.g., Agrawal, Heath, Grant, Pergadia, Bucholz, Madden, et al., 2006; Merline, Schulenberg, O'Mally, Bachman, & Johnston, 2008; Tuten & Jones, 2003), women may be more susceptible to their partner's drinking (Agrawal et al., 2006; Tuten & Jones, 2003), and among women with alcohol-related problems, drinking appears integral to their romantic relationships (Thom, 1987).

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### 1.1. Alcohol misuse among adult children of alcoholics

One of the strongest predictors of problematic alcohol use is having a parent who is alcohol dependent (e.g., Hill, Tessner, & McDermott, 2011; Kendler, Schmitt, Aggen, & Prescott, 2008) or is thought to misuse alcohol (e.g., Braitman, Kelley, Ladage, Schroeder, Gumienny, Morrow, et al., 2009). Both adolescents (Obot, Wagner, & Anthony, 2001) and undergraduate students (Braitman et al., 2009) whose parents misuse alcohol drink more than peers with no parental history of such use. Furthermore, children of parents who misuse alcohol initiate drinking earlier (Vermeulen-Smit et al., 2012), escalate drinking more quickly (Chassin, Curran, Hussong, & Colder, 1996; Warner, White, & Johnson, 2007), report more negative outcomes from alcohol use (Pollock, Schneider, Gabrielli, & Goodwin, 1987), and are at greater risk for alcohol misuse (e.g., Braitman et al., 2009; Coffelt et al., 2006; Duncan, Duncan, & Strycker, 2006; Hicks, Iacono, & McGue, 2010). In fact, King and Chassin (2007) found that parental alcoholism doubled the risk for offspring alcohol dependence.

### 1.2. Depression and alcohol use among ACOAs and the general population

In addition to genetic propensity, internalizing symptoms have been argued as one path that may increase risk for alcohol use disorders (AUDs) among those with a parental history of alcoholism (e.g., Zucker, 2006). From a developmental ecological framework (e.g., Bronfenbrenner, 1986), the contexts created by parental alcohol misuse have broad implications for the family environment (e.g., periods in which alcohol-abusing parents are less emotionally available to children, negative parental moods, interparental conflict, family stress) that may increase offspring risk for internalizing symptoms.

More globally, mood disorders are strongly correlated with alcohol use disorders (see Edwards, Aliev, Bierut, Bucholz, Edenberg & Dick, 2012; Hasin, Stinson, Ogburn, & Grant, 2007). For instance, controlling for sociodemographic characteristics and other psychiatric disorders, Hasin et al. (2007) found that individuals who met DSM-IV criteria for alcohol dependence were over two times more likely to have major depression. Importantly, ACOAs are more vulnerable to a variety of internalizing disorders including depression (e.g., Burstein, Stanger, Kamon, & Dumenci, 2006; Hussong, Flora, Curran, Chassin, & Zucker, 2008; Kelley et al., 2010; Mylant, Ide, Cuevas, & Meehan, 2002). Specifically, 37% of ACOAs are thought to experience lifetime depression (Anda et al., 2002; Cuijpers, Langendoen, & Bijl, 1999). Comparatively, data from the U.S. National Comorbidity Survey Replication reports that 20.9% of individuals between 18 and 64 years of age meet criteria for one or more major depressive episodes in their lifetimes (Kessler & Merikangas, 2004).

Women with a family history of alcoholism appear at particular risk for major depression or dysthymia compared to men (e.g., Raucher-Chéné et al., 2012). Using data from the National Epidemiological Survey on Alcohol and Related Conditions, Morgan, Desai, and Potenza (2010) found that women with parental history of alcoholism were significantly more likely to have a history of major depression or dysthymia than men with a history of parental alcoholism or men or women without a history of parental alcoholism (Morgan et al., 2010). Although depression is a risk factor for heavy drinking and alcoholism in women (Weitzman, 2004), genetic propensity combined with depressive symptoms may increase the likelihood of alcohol-related problems among female ACOAs.

### 1.3. Motivations for alcohol use among undergraduate drinkers

Drinking motivations represent another important factor in the understanding of alcohol consumption and related problems among college students. From this vantage, individuals drink to fulfill a particular function (Cooper, 1994). Various drinking motives, including coping (i.e., drinking to reduce stressors), social (i.e., drinking to become more sociable), and enhancement (i.e., drinking to improve one's positive

affect) are each uniquely associated with negative alcohol outcomes (Cooper, 1994). Coping motives are largely recognized as the strongest predictor of alcohol-related problems among the drinking motives (Cooper, 1994; Kuntsche, Knibbe, Gmel, & Engels, 2005), while social motives are typically associated with light, non-problematic drinking (Cooper, 1994). Enhancement motives, on the other hand, have been found to predict alcohol use (Cooper, Frone, Russell, & Mudar, 1995; Kuntsche & Cooper, 2010; Magid, MacLean, & Colder, 2007), heavy drinking (Kuntsche & Cooper, 2010), and indirectly, alcohol-related problems (Magid et al., 2007). Associations between drinking motives and alcohol outcomes are well established among college students who drink (e.g., Cooper, 1994; Cooper et al., 1995; LaBrie et al., 2011; Read et al., 2003).

Relatively few studies have examined drinking motivations among ACOAs. However, the enhanced reinforcement pathway posits that genetic propensity in combination with stronger beliefs transmitted by parents about alcohol's ability to heighten experiences (e.g., Gorth & Söderpalm, 2011) or reduce negative affect (Schuckit & Smith, 1997) may increase alcohol consumption and alcohol-related consequences among ACOAs. Relatedly, the stress and negative affect pathway contends that ACOAs may be more likely to drink to cope with stressors (see Zucker, Donovan, Masten, Mattson, & Moss, 2008). In fact, Avant, Davis, and Cranston (2011) argued that ACOAs may use alcohol as a mechanism to cope with negative affective states. In one of the few studies to address drinking motives of ACOAs versus non-ACOA, Chalder, Elgar, and Bennett (2006) found ACOA adolescents in South Wales were more likely to use alcohol to cope with problems or for enhancement, but not for social motives. Domenico and Windle's (1993) study involving adult women also revealed that ACOAs reported drinking to cope with stressful events more than non-ACOA. However, these authors did not find significant differences between ACOAs and non-ACOA on social or enhancement motives. These findings present conflicting evidence regarding enhancement motives for ACOAs, and relatively little research has examined whether alcohol motives may be associated with alcohol-related problems among ACOA and non-ACOA college students.

### 1.4. Similarity in alcohol use among women and their partners

Although parental history of alcoholism, mood, and coping motives are often examined in relation to young women's own alcohol problems, fewer studies have examined whether these variables are associated with their dating partners' alcohol use. Importantly, dating partners' alcohol use may impact young women's alcohol consumption and the trajectory of alcohol use. For instance, van der Zwaluw et al. (2009) found that female adolescents who consumed alcohol at a greater frequency were significantly more likely to select a dating partner who also used alcohol frequently. This pattern was not found for male adolescents. Moreover, women in heavy drinking partnerships consume more alcohol on average than women in other drinking partnerships (Graham & Braun, 1999; Roberts & Leonard, 1998). Similarly, in a study that tracked newly married couples over the first four years of marriage, problem-drinking partners fostered their partners' alcohol use and alcohol-related problems (Leonard & Homish, 2008). Wilsnack and Wilsnack (1993) provided an explanation for this phenomenon by speculating that when both partners misuse alcohol, alcohol becomes a shared recreational activity and partners may not discourage one another from reducing alcohol consumption.

Because a partner's alcohol use appears strongly linked to women's own alcohol use and may increase women's drinking trajectory, we examined how depressive symptoms and motivations for drinking were associated with women's reports of their own, as well as their partners' alcohol-related problems. The present study specifically focused on alcohol-related consequences, rather than consumption, because the quantity or frequency of alcohol use may not be sufficient in understanding one's alcohol use severity (see Ham & Hope, 2003 for

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