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## Negative-reinforcement drinking motives mediate the relation between anxiety sensitivity and increased drinking behavior

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### Abstract

We examined whether certain “risky” drinking motives mediate the previously established relation between elevated anxiety sensitivity (AS) and increased drinking behavior in college student drinkers ( $n=109$  women, 73 men). Specifically, we administered the Anxiety Sensitivity Index (ASI), Revised Drinking Motives Questionnaire, and a quantity-frequency measure of typical drinking levels. Participants were parceled according to high ( $n=30$ ), moderate ( $n=29$ ), and low ( $n=34$ ) AS levels. As expected, high AS participants reported a higher typical weekly drinking frequency than the low and moderate AS students regardless of gender. Similarly, high AS participants (particularly high AS men) reported a higher yearly excessive drinking frequency than low AS students. Only the negative reinforcement motives of Coping and Conformity were found to independently mediate the relations between AS and increased drinking behavior in the total sample. High AS women’s greater drinking behavior was largely explained by their elevated Coping Motives, while heightened Conformity Motives explained the increased drinking behavior of high AS men. Finally, associations between AS and increased drinking behavior in university students were largely attributable to the “social concerns” component of the ASI. We discuss the observed relations with respect to the psychological functions of drinking behavior that may portend the development of alcohol problems in young adult high AS men and women. © 2001 Elsevier Science Ltd. All rights reserved.

*Keywords:* Anxiety sensitivity; Drinking motives; Drinking levels

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## 1. Introduction

Anxiety sensitivity (AS) is an individual difference variable involving beliefs that anxiety-related sensations are associated with negative consequences, such as physical illness, mental incapacitation, or social embarrassment (McNally, 1996; Stewart, Taylor, & Baker, 1997). Elevated levels of anxiety sensitivity have been observed among individuals with diagnosed anxiety disorders including patients with panic disorder (e.g. Stewart, Knize, & Pihl, 1992) and social phobia (e.g. Ball, Otto, Pollack, Uccello, & Rosenbaum, 1995). Longitudinal research has demonstrated that high AS serves as a pre-morbid vulnerability factor for the development of panic attacks and anxiety disorders (Maller & Reiss, 1992; Schmidt, Lerew, & Jackson, 1997).

In addition to AS's association with anxiety disorders, theorists have argued that it may be a risk factor for greater alcohol use behavior and for alcohol use disorders (McNally, 1996; Stewart, Samoluk, & MacDonald, 1999). Given their extreme fear of anxiety, high AS individuals should be more motivated than others to learn to use any drug (e.g. alcohol) which is capable of reducing anxious emotions or arousal sensations (Stewart et al., 1999). The fact that high AS individuals are particularly sensitive to the fear dampening effects of alcohol (e.g. Conrod, Pihl, & Vassileva, 1998; MacDonald, Baker, Stewart, & Skinner, 2000; Stewart & Pihl, 1994) suggests that they should have increased opportunity to learn about such rewarding consequences of drinking.

Empirical research suggests high AS levels may be related to alcohol use disorders by virtue of their association with greater drinking levels and/or "risky" reasons for drinking (see Stewart et al., 1999, for review). Indeed, AS levels are positively associated with self-reported weekly drinking rates in panic disorder patients (Cox, Swinson, Shulman, Kuch, & Reichman, 1993), and with self-reported weekly drinking rates and yearly excessive drinking episodes in university women (Stewart, Peterson, & Pihl, 1995). Despite this relatively-well established relation between AS and increased drinking behavior, it is not clear whether the higher self-reported weekly drinking levels of high AS individuals are due to a greater drinking quantity, frequency, or both (cf. Stewart, Angelopoulos, Baker, & Boland, 2000; Vogel-Sprott, 1983). Moreover, since the Stewart et al. (1995) study focused exclusively on female university students, it remains unknown whether the relation of AS to increased drinking behavior varies across gender.

In addition to personality variables such as AS, drinking motives also appear to be related to levels of alcohol use, and to drinking problems (Cooper, 1994; Cooper, Frone, Russell, & Mudar, 1995; Cooper, Russell, Skinner, & Windle, 1992). For example, Coping, Conformity, Enhancement, and Social Motives all predict unique aspects of drinking behavior (e.g. Carrigan, Samoluk & Stewart, 1998). Specifically, higher levels of alcohol use are associated with Coping and Enhancement Motives (internal motives) as compared to Social Motives (external motives; Cooper, 1994; Cooper et al., 1992). Further, Coping and Conformity Motives (negative reinforcement motives) directly predict drinking problems, whereas Enhancement and Social Motives (positive reinforcement motives) do not (Cooper, 1994; Cooper et al., 1992). Given these patterns of relations to drinking behaviors and drinking outcomes, Coping, Conformity, and Enhancement Motives have been described as relatively "risky" reasons for drinking (e.g. Cooper, 1994).

High AS individuals do display "risky" drinking motives as measured by the three-factor Drinking Motives Questionnaire (DMQ; Cooper et al., 1992) or its revised four-factor version

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