



A person-centered approach to understanding negative reinforcement drinking among first year college students[☆]



Laura J. Holt^a, Stephen Armeli^b, Howard Tennen^c, Carol S. Austad^d, Sarah A. Raskin^a, Carolyn R. Fallahi^d, Rebecca Wood^d, Rivkah I. Rosen^e, Meredith K. Ginley^f, Godfrey D. Pearlson^{g,*}

^a Trinity College, United States

^b Fairleigh Dickinson University, United States

^c University of Connecticut Health Center School of Medicine, United States

^d Central Connecticut State University, United States

^e Institute of Living/Hartford Hospital & Olin Neuropsychiatry Research Center, United States

^f University of Memphis, United States

^g Yale University School of Medicine, Institute of Living/Hartford Hospital & Olin Neuropsychiatry Research Center, United States

HIGHLIGHTS

- Five latent classes of first-year college student drinkers were found.
- A small subsample (9%) emerged as classic negative affect-prone problem drinkers.
- Drinking motivations and positive expectancies were pronounced in problem drinkers.
- In some cases, higher social support was associated with more problem drinking.

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ABSTRACT

The current study used a person-centered approach (i.e. latent profile analysis) to identify distinct types of college student drinkers based on the predictions of motivational, social learning, and stress and coping theories of maladaptive drinking. A large sample ($N = 844$; 53% female) of first-year undergraduates from two institutions, public and private, who reported consuming one or more drinks in the last three months completed measures of depressive and anxiety symptoms, positive alcohol-outcome expectancies, negative life events, social support, drinking motives, drinking level and drinking-related problems. Latent profile analysis revealed a small subgroup of individuals ($n = 81$, 9%) who conformed to the anticipated high-risk profile; specifically, this group demonstrated high levels of negative affect, coping motives, drinks per week, and drinking-related problems. However, additional groups emerged that showed patterns inconsistent with the proposed vulnerability profile (e.g., high negative affect, positive expectancies, and negative life events, but relatively low drinking levels). Findings from our person-centered approach showing the presence of groups both consistent and inconsistent with the predictions of motivational, social learning, and stress and coping theories highlight the need to identify and target certain college students for prevention and intervention of negative affect-related drinking.

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1. Introduction

It is generally accepted that drinking to cope with negative affect is a maladaptive pattern associated with a multitude of negative outcomes in the population in general (Carpenter & Hasin, 1999; Cooper, Frone, Russell, & Mudar, 1995) and in college students more specifically

(Carey & Correia, 1997; Kassel, Jackson, & Unrod, 2000; Park & Levenson, 2002). It is also agreed upon that high levels of negative affect are not sufficient in terms of identifying individuals who display maladaptive levels of alcohol use and drinking-related problems (Cooper, Russell, & George, 1988; Greeley & Oei, 1999). The consensus explanation for the inconsistent associations between negative affect and these drinking outcomes is that they vary in strength, and possibly direction, across a wide array of cognitive, interpersonal, and environmental factors (Cooper et al., 1988; Greeley & Oei, 1999).

In the current study we sought to build on recent research using person-centered approaches for identifying discrete categories of drinkers (e.g., Coffman, Patrick, Palen, Rhoades, & Ventura, 2007; Mackie, Conrod,

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* Correspondence to: G.D. Pearlson, Whitehall Building – Institute of Living, 200 Retreat Avenue, Hartford, CT 06106, United States.

E-mail address: gpearls@harthosp.org (G.D. Pearlson).

Rijsdijk, & Eley, 2011; O'Connor & Colder, 2005). Our goal was to identify college students who displayed profiles consistent with negative affect-related drinking (based on reports of theoretically-relevant vulnerability factors) and compare them to students with different drinking profiles with respect to their drinking-related problems. A person-centered approach might prove especially informative if (a) there are relatively small groups of individuals for whom negative affect corresponds to maladaptive drinking and related problems, and (b) there are additional groups who possess some or all of the risk factors of interest, but do not display maladaptive drinking levels and/or the associated problems. We focused on college students, since they are a population at elevated risk for binge drinking and alcohol abuse compared to a same-aged, non-college population (Slutske, 2005).

1.1. Theoretical models of negative affect-related drinking

Vulnerability models positing a central role of negative affect as a cause of maladaptive drinking have drawn heavily from social learning, motivational, and stress and coping models. Social learning (Maisto, Carey, & Bradizza, 1999) and motivational (Cox & Klinger, 1988) models of alcohol use purport that drinking is heavily influenced by one's cognitions, or outcome expectancies, that form as a result of both direct and indirect experiences with alcohol. Similar to the tenets of tension-reduction theory (Conger, 1956), social learning theory contends that individuals who lack the skills to cope with stress or negative affect may turn to alcohol to manage their affect; in doing so, they are likely to form expectations that drinking is an effective way to reduce tension and stress, thereby making it more likely that they will drink when faced with stress or negative affect in the future (Maisto et al., 1999).

Stress and coping models, on the other hand, acknowledge the critical role of social support in buffering the negative effects of life stressors (Cronkite & Moos, 1995; Holahan, Moos, & Bonin, 1999). Specifically, following negative life events, individuals who lack social support may be at greater risk for engaging in maladaptive or avoidant coping behavior, such as drinking. Stressful life events often require people to modify aspects of their thinking, behavior, or lifestyle, and these adjustments may consequently tax coping resources. However, close, supportive relationships with others may help people to view stressors as less overwhelming and threatening. These relationships also may help to offset, or buffer the effects of stress through the provision of instrumental or emotional support (Cronkite & Moos, 1995), thereby making drinking and/or drinking to cope (an avoidant coping response), less likely.

Although not exhaustive, social learning and stress and coping models together identify several key vulnerability factors for maladaptive drinking that served as the focus for the current study. Specifically, we focused on positive expectancies and drinking motives from motivational and social learning models and negative life events and social support from stress and coping models. Below we describe how these variables (and, in some cases, their interactions) have been implicated in negative affect-related drinking.

1.1.1. Positive expectancies

Research has shown that positive alcohol-outcome expectancies, or beliefs about alcohol's favorable effects, moderate the association between life stress and negative affective states and outcomes such as drinking to cope motivation and drinking level (e.g., Cooper, Russell, Skinner, Frone, & Mudar, 1992; Cooper et al., 1995). More specifically, participants in these studies were at greatest risk for maladaptive drinking if they endorsed higher levels of life stress and/or negative affect along with higher levels of positive expectancies. Thus, accounting for positive expectancies and drinking motives when extracting drinking classes might help to differentiate individuals for whom high levels of negative affect or life stress co-occur with viewing alcohol as a viable coping strategy.

1.1.2. Drinking motives

Drinking motives are another critical individual difference factor that might help to distinguish between more or less problematic drinking profiles. Although similar to alcohol expectancies, motives are thought to be more proximally related to an individual's alcohol use, in that one might hold a specific expectation for alcohol's effects but might not be motivated to drink for that reason (Cooper, 1994). Cooper (1994) examined four principal motives for drinking, namely drinking to conform, drinking to be social, drinking to cope with negative affect, and drinking to enhance positive mood; only the internally-generated motives (i.e., coping and enhancement) predicted both drinking and drinking problems (although enhancement was linked to problems via quantity). Furthermore, a large-scale review of studies on drinking motives found that of the four motives, coping motives were the strongest predictor of drinking-related problems (Kuntsche, Knibbe, Gmel, & Engels, 2005).

There is also evidence that the association between drinking level and drinking-related problems depends on the relative levels of negative affect and coping motives. For example, Martens et al. (2008) found that among individuals with high coping motives, those with high levels of negative affect, compared to those with low levels of negative affect, showed a stronger positive association between drinking level and drinking-related problems. Notably, this interactive effect of negative affect and drinking was not present among individuals with low levels of coping motives. These interactive effects have important implications in terms of identifying groups with varying degrees of alcohol-related problems. Specifically, these findings suggest that there might be subgroups that are elevated on one or two of these dimensions (i.e., negative affect, drinking to cope motives and drinking level), but such groups might not demonstrate the level of drinking-related problems found among individuals elevated on all three dimensions.

Finally, results from Gmel, Labhart, Fallu, and Kuntsche (2012) indicated that the relative levels of drinking motives (to each other) might be important in terms of identifying individuals at risk for drinking-related problems. Consistent with the broad literature, individuals with relatively higher coping motives reported higher levels of drinking-related problems. However, individuals who reported relatively higher levels of social and conformity motives reported fewer drinking-related problems. These findings raise the possibility that subgroups characterized by high coping motives, relative to other motives, might exhibit the highest levels of drinking-related problems.

1.1.3. Life events and social support

Negative life events and lack of social support also have been identified as important risk factors in research examining depression vulnerability and alcohol risk (Cronkite & Moos, 1995; Holahan et al., 1999). Low levels of social support and exposure to negative life events may be more closely associated with maladaptive drinking patterns among individuals with depressive symptoms, as evidenced in a study of clinically depressed individuals who also reported alcohol use (Holahan, Moos, Holahan, Cronkite, & Randall, 2004). Compared to community controls, depressed individuals reported drinking to cope more often. Moreover, Holahan et al. (2004) found evidence for moderation, such that among depressed participants, coping motives were endorsed most frequently among those who also reported both a high number of negative life events and low levels of social support. Similarly, in a non-clinical sample of college students, Hussong, Hicks, Levy, and Curran (2001) also found support for moderation such that students who perceived lower levels of social support from friends increased their drinking if they also reported high levels of sadness during the preceding weekend.

Two additional studies, however, suggest the relation between social support and maladaptive drinking may be more complex. Cooper et al. (1992) reported that individuals endorsing high levels of social support,

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