



Negative emotions and alcohol dependence symptoms in British Indian and White college students

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ABSTRACT

This study investigated cross-cultural differences in the association between negative emotions and alcohol dependence symptoms in British Indian and White college students. Based on a study of levels of alcohol consumption (Spada & Moneta, 2004), it was hypothesized that the association between negative emotions and alcohol dependence symptoms would be present only in British White students. A sample of 150 British Indian students and 150 British White students completed the Alcohol Use Disorders Identification Test (AUDIT) and the Hospital Anxiety and Depression Scale (HADS). Structural regression modeling indicated that negative emotions predict higher levels of alcohol dependence symptoms in British White students, and do not predict alcohol dependence symptoms in British Indian students. The implications of the findings are discussed.

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1. Introduction

Problem drinking during the college years has become a significant public health concern (Ham & Hope, 2003). The factors associated with college drinking seem to vary at levels dealing with one's personality and coping processes, one's thought processes about drinking, and the environment (Kuntsche, Knibbe, Gmel, & Engel, 2005). The college environment seems to promote a culture where heavy drinking is relatively normative (Gotham, Sher, & Wood, 1997; Wechsler, Lee, Kuo, & Lee, 2000). Heavy drinking is common among college students and typically occurs in social contexts (Carey, 1993, 1995; Christiansen, Vik, & Jarchow, 2002).

Drinking behavior may be driven by motives to induce, increase, or maintain positive affective states (Cooper, 1994; Carey & Correia, 1997; Stewart, Loughlin, & Rhyno, 2001), and by motives to cope with negative affective states (Cooper, 1994; Carey & Correia, 1997; Kairouz, Gliksmann, Demers, & Adlaf, 2002). Although coping motives may affect drinking behavior less strongly in drinkers for whom heavy alcohol use is more normative (Perkins, 1999), several studies indicate that a substantial portion of university undergraduates report drinking as a result of negative emotions (see review by Baer, 2002). Moreover, some studies on college students have shown that the negative emotions of anxiety and depression are associated with higher levels of alcohol consumption, irrespective of students' reported motivations for alcohol use (Wechsler, Davenport, Dowdall, Moeykens, & Castillo, 1994; Camatta & Nagoshi, 1995; Christiansen et al., 2002).

Most research on cross-cultural differences in college student patterns of alcohol use has been conducted in the United States, and has revealed a marked increase in binge drinking among Asian-American students compared to all other students throughout the 90s (Wechsler et al., 2000). Little cross-cultural research on college students' drinking behavior has been undertaken in the United Kingdom. In the early 90's, O'Hare (1995) had found that, compared to British White students, British Asian students were more likely to abstain from alcohol use, to drink less, and to develop fewer alcohol-related problems. More recently, Spada and Moneta (2004) found that the difference in frequency and quantity of alcohol use between British Asian and British White students is small. To our knowledge, no study has examined the pattern of alcohol use of specific cultural groups of British Asian students. General population studies indicate that the level of alcohol use and the prevalence of alcohol-related problems are increasing more rapidly in British Indians of Sikh and Hindu religious groups than in other British Asian groups (Cochrane & Bal, 1990; Legge & Sherlock, 1990; McKeigue & Karmi, 1993; Orford, Johnson, & Purser, 2004; Vora, Yeoman, & Hayter, 2000). These changing patterns stimulate interest in the determinants of college students' drinking behavior and their possible cross-cultural differences.

A key cross-cultural question is: Do Asians drink as a way of coping with negative emotions as Whites seem to do? Spada and Moneta (2004) proposed that, because the association between emotions and overall psychological adjustment is comparatively weaker in Asians (Diener & Diener, 1995; Suh, Diener, Oishi, & Triandis, 1998; Oishi & Diener, 2001), Asians are less likely to consume alcohol for the purpose of emotional self-regulation, and are more likely to drink for social purposes. As such, Spada and Moneta (2004) hypothesized that the negative emotions of anxiety and depression are stronger predictors of alcohol consumption for Whites than they are for Asians. Analyses

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conducted on a sample of British White and British Asian college students revealed that there was a positive relationship between negative emotions and levels of alcohol consumption for Whites but not for Asians, lending preliminary support to the hypothesis.

There are two main limitations in Spada and Moneta's (2004) study. First, their British Asian sample was ethnically mixed and contained members of religious groups that oppose alcohol consumption; as such, the results may be affected by non-random measurement error due to religious participants not wanting to disclose information about their drinking habits, if drinking is not accepted within their religion or culture. Second, their study focused on alcohol consumption using the Quantity Frequency Scale (QFS; Cahalan, Cisin, & Crossley, 1969), which assesses quantity and frequency of alcohol beverages consumed over the past month, and did not assess alcohol dependence symptoms. Because the college environment promotes heavy drinking, and because an individual may drink egregious amounts of alcohol without having dependence, the results fall short in supporting the hypothesis that Asians do not drink for the purpose of emotional self-regulation.

The goal of the present study is to replicate and improve on Spada and Moneta's (2004) study. Improvement was sought by firstly using a British Indian sample that consisted of members of the Sikh and Hindu religious groups, who consume alcoholic beverages (e.g., Orford et al., 2004), and secondly by using the Alcohol Use Disorders Identification Test (AUDIT; Babor, de la Fuente, Saunders, & Grant, 1992), which assesses levels of alcohol dependence symptoms. The research hypothesis is that the negative emotions of anxiety and depression are predictors of alcohol dependence symptoms for British White students and are not predictors for British Indian Students.

2. Methods

2.1. Participants

Participants were 300 undergraduate students from a London university, opportunistically chosen from surrounding university areas, student bars, and libraries. The sample consisted of 150 British White students (76 females and 74 males) and 150 British Indian (Sikh and Hindu) students (75 females and 75 males). The age range was 18 to 33 years ($X=22.61$, $SD=2.65$). The age range was 18 to 31 years in the British White sample ($X=23.19$, $SD=2.48$), and 18 to 33 years in the British Indian sample ($X=22.03$, $SD=2.70$).

2.2. Measures

Participants were briefed individually, provided informed consent, and then completed a demographic data sheet and the following questionnaires.

2.2.1. The alcohol use disorders identification test (AUDIT; Babor et al., 1992)

The AUDIT is a 10-item inventory measuring individual differences in patterns of alcohol use (items 1–3; e.g., “How many drinks con-

taining alcohol do you have on a typical day when you are drinking?”), difficulties in managing impulse to consume alcohol (items 4–6; e.g., “How often during the last year have you found that you almost were not able to stop drinking daily once you had started?”), and alcohol-related problems (items 7–10; e.g., “Have you or someone else been injured because of your drinking?”). Each item has a set of 5 responses to choose from, and each response has a score ranging from 0 to 4, with higher scores meaning higher levels of alcohol dependence symptoms. The scale score is computed by summing the scores of all items, and ranges from 0 to 40. Total scores of 8 or more are regarded as indicators of hazardous and harmful alcohol use. The AUDIT has been used extensively and found to have good validity and reliability (Hester & Miller, 1995). In the statistical analyses of this study, we used the total AUDIT scale scores calculated using all 10 items and the restricted AUDIT scale scores calculated using only items 4, 5, and 6, which specifically tap problems in managing impulse to consume alcohol.

2.2.2. The hospital anxiety and depression scale (HADS; Zigmond & Snaith, 1983)

The HADS measures individual differences in negative emotions on two scales comprising 7 items each: anxiety (e.g., “I get a sort of frightened feeling as if something horrible is about to happen”) and depression (e.g., “I feel as if I am slowed down”). Items are rated on a 4-point scale ranging from 0 (“not at all”) to 3 (“most of the time”), with higher scores indicating higher levels of negative emotions. The scales scores are computed by averaging the scores of their constituent items. The HADS was originally designed for hospital inpatients, but has then been used extensively to measure overall levels of anxiety and depression in non-clinical populations, and found to have good validity and reliability (Zigmond & Snaith, 1983; Caci, Bayle, Mattei, Dossios, Philippe, & Boyer, 2003).

3. Results

3.1. Data description

Cronbach's alpha index of reliability was .68 for the total AUDIT scale scores, .67 for the restricted AUDIT scale scores, .55 for the HADS anxiety scale scores, and .49 for the HADS depression scale scores. The reliability coefficients of the study variables were lower than the satisfactory threshold of .7, indicating that the scores are affected by large random errors.

Table 1 shows the means, standard deviations, and intercorrelations of the study variables, estimated separately for British Whites and British Indians. The mean scores of the AUDIT were slightly above the threshold score of 8 in both samples, and in line with a mixed community sample of British participants (e.g., Spada, Moneta, & Wells, 2007). The mean scores of anxiety and depression were moderate in both samples, and in line with Spada and Moneta's (2004) study on British White and British Asian college students. Anxiety had a positive correlation with depression in both samples, as found in Spada and Moneta's (2004) study. Both the total AUDIT scale and the

Table 1

Means, standard deviations, and intercorrelations of the study variables for British Indian and White college students

Sample	Variable	Range of scale	X	SD	1.	2.	3.	4.
British Indian (n=150)	1. Alcohol dependence symptoms (total AUDIT score)	0–40	10.21	4.40	–			
	2. Alcohol dependence symptoms (restricted AUDIT score)	0–12	1.73	1.79	.73**	–		
	3. Anxiety (HADS)	0–3	2.12	.42	.22*	.30**	–	
	4. Depression (HADS)	0–3	1.71	.40	.23*	.39**	.60*	–
British White (n=150)	1. Alcohol dependence symptoms (total AUDIT scores)	0–40	10.08	4.52	–			
	2. Alcohol dependence symptoms (restricted AUDIT scores)	0–12	1.99	2.25	.77**	–		
	3. Anxiety (HADS)	0–3	1.98	.43	–.10	–.09	–	
	4. Depression (HADS)	0–3	1.59	.33	.10	.06	.40**	–

Note. Total AUDIT scores were computed using all ten items, whereas restricted AUDIT scores were computed using only items 4, 5, and 6.

* $p < .05$ ** $p < .01$.

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