



The role of adolescent social disinhibition expectancies in moderating the relationship between psychological distress and alcohol use and misuse

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Abstract

We examined the effects of adolescent social disinhibition expectancies and adult psychological distress on alcohol use and misuse in adulthood, using the 1970 British Cohort Study data. Multivariate imputation by chained equations filled in incomplete cases for 7023 men and 6896 women. A propensity to heavy alcohol use and misuse was predicted by social expectations of the releasing effects of alcohol acquired in adolescence (adolescent social disinhibition expectancies). Psychological distress at age 30 increased the likelihood of very heavy alcohol use in men and misuse of alcohol in men and women. An absence of adolescent social disinhibition expectancies protects adults from drinking alcohol. Moreover, among men without these expectancies, psychological distress did not predict heavy alcohol use, whereas this association was present among men with expectations of alcohol. Policies that aim to manage adult alcohol use should be initiated in adolescence. Reduction of psychological distress will prevent both men and women from misusing alcohol.

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1. Introduction

Despite the guideline of sensible daily alcohol consumption of three to four units for men and two to three units for women (Department of Health, 1995), excessive alcohol consumption continues to be

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endemic in England. In England and Wales, the negative consequences of repeated heavy alcohol consumption are shown by the increased risk of mortality, estimated as 2.8% in men and 1.2% in women (White, Altmann, & Nanchahal, 2004). Nearly 1% of all deaths in men could be prevented by reducing alcohol consumption to the recommended limits. The cost of alcohol misuse to the health service was estimated as £1.7 billion per annum in England (Prime Minister's Strategy Unit, 2004). Reduction of alcohol-related harm was therefore one of the public health goals proposed in a recent government White Paper, 'Choosing Health' (Department of Health, 2004).

Researchers have noted the greater than expected comorbidity of psychological distress and alcohol misuse (Burns, Teesson, & O'Neill, 2005; Cargill, Emmons, Kahler, & Brown, 2001; Geisner, Larimaer, & Neighbors, 2004). Frequent intoxication, weekend binges, and intensively heavy drinking behaviour were often related to depression (Bonin, McCreary, & Sadava, 2000). Lukassen and Beudet (2005) also reported that alcohol dependence was more prevalent in heavy drinkers who had a depressive episode in the previous year compared with heavy drinkers without an episode of depression.

Researchers applied the concept of coping to explain the mechanism underlying the comorbidity of psychological distress and alcohol misuse. The concept of "drinking to cope", referring to people's motivation to drink alcohol to alleviate the symptoms of negative affect, was found to be induced by depression and to determine subsequent alcohol use and misuse (Holahan, Moos, Holahan, Cronkite, & Randall, 2003; Pierce, Frone, Russell, & Cooper, 1994). This particular model portrays psychologically distressed individuals as vulnerable to using and misusing alcohol in order to cope with their negative affect; however, this approach is often unable to explain alcohol misuse by individuals without any preceding psychological problems (West, 2006).

Application of outcome expectancy theory appears to explain the mechanism underlying drinking behaviours better and offers an alternative explanation for the comorbidity of psychological distress and alcohol use and misuse. Individual expectations that drinking alcohol brings positive effects motivates people to drink alcohol (Jones, Corbin, & Fromme, 2001). This expectation is thought to moderate the effect of psychological distress on alcohol use and misuse (Jones & McMahon, 1994). In this analysis, we examine the role that earlier positive alcohol expectancies play in alcohol use and misuse.

Outcome expectancy theory shares core concepts with social learning theory, which views the outcome of a particular behaviour as an individual's expectation of certain reinforcing effects (Jones et al., 2001). Alcohol outcome expectancy applies these concepts of social learning theory to understanding the motivation to drink by relating learned expectations of the effects of alcohol consumption to drinking habits. Positive alcohol expectancies of positive effects from drinking alcohol are found to shape subsequent positive alcohol expectancies (McCarthy, Aarons, & Brown, 2002) and alcohol use (Stein, Goldman, & Del Boca, 2000).

Common dimensions of positive alcohol expectancies are sexual arousal, sedative, and social (Aarons, Goldman, Greenbaum, & Covert, 2003; Goldman & Darkes, 2004). The social dimension of positive alcohol expectancies is found to be closely related with alcohol use (Dijkstra, Sweeney, & Gebhardt, 2001; Goldman & Darkes, 2004). The linear relationship between positive alcohol expectancies and alcohol use has been commented on in several studies (Finn, Babova, Wehner, Fargo, & Rickert, 2005; Korn & Maggs, 2004; Lee, Greely, & Oei, 1999; Stein et al., 2000). However, one study found that the relationship only held for a younger age group: positive alcohol expectancy predicted the amount of alcohol consumption among people under age 35 (Leigh & Stacy, 2004).

As well as determining alcohol use, positive alcohol expectancy also appears to determine misuse of alcohol by interacting with psychological distress: individuals with certain characteristics drink more if

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