



## Big-five personality domains predict internal drinking motives in young adults

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### ABSTRACT

Relations between personality domains, internal drinking motives, alcohol use, and alcohol-related problems were examined. Undergraduate student drinkers ( $N = 521$ ) completed the NEO-FFI, the Modified DMQ-R, a quantity/frequency measure of alcohol use, and the RAPI. A path analysis was performed to test a theoretical model of relations between these variables which specified internal drinking motives as mediators of the relations between personality domains and alcohol use/drinking consequences. Coping-depression drinking motives were predicted by Neuroticism, coping-anxiety drinking motives by Neuroticism and low Conscientiousness, and enhancement drinking motives by Extraversion and low Conscientiousness. Moreover, heavier drinking was predicted by enhancement motives, while alcohol-related problems were predicted by both coping-anxiety and coping-depression drinking motives. The results support the distinction between coping-anxiety and coping-depression drinking motives in that a different pattern of personality domains was associated with each.

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### 1. Introduction

Alcohol is one of the world's most commonly used drugs. Its misuse, especially among adolescents and young adults, causes serious health, economic, and social problems (Goldman, Oroszi, & Ducci, 2005). Understanding the causes of individual differences in alcohol use and misuse will help the development of prevention programs and more effective interventions to reduce the incidence and prevalence of alcohol-related problems (Ibáñez, Ruipérez, Villa, Moya, & Ortet, 2008).

From a bio-psycho-social perspective, several variables have been studied in relation to alcohol use and misuse (Ruípérez, Ibáñez, Villa, & Ortet, 2006). Amongst other variables, personality factors and drinking motives have been extensively investigated (e.g., Stewart, Loughlin, & Rhyno, 2001a; Stewart, Zvolensky, & Eifert, 2001b).

Impulsivity-related traits are strongly related to alcohol use and misuse in adolescents, adults, and alcohol-dependent individuals (see Ibáñez et al., 2008). For instance, sensation seeking, novelty seeking, impulsivity, and low Conscientiousness have all been related to the onset and use of alcohol and other drugs, especially legal drugs, in different sociocultural contexts (e.g., Gerra et al., 2004; Knyazev, Slobodskaya, Kharchenko, & Wilson, 2004). Extraversion

has been related to a variety of different drinking variables (e.g., drinking quantity and frequency) but not with alcohol-related problems (Ruiz, Pincus, & Dickinson, 2003). Neuroticism-related traits, such as a higher trait anxiety and anxiety sensitivity (fear of anxiety sensations), are related to drinking more often and drinking to excess more frequently in young adults (Stewart et al., 2001b). However, the relation of Neuroticism to alcohol variables is stronger when considering alcohol-related problems than when considering drinking levels *per se* (Ruiz et al., 2003).

The motives one has for drinking alcohol relate to patterns of alcohol use and abuse (Cooper, 1994). Cox and Klinger (1988) proposed a categorical model of drinking motives. They describe motivations for alcohol use along two dimensions concerning the outcomes people desire to obtain by drinking: valence and source. Regarding valence, people might consume alcohol because they hope to obtain a positive outcome (positive reinforcement) or because they hope to avoid a negative outcome (negative reinforcement). The "source" can be internal or external; for example people might drink because they hope to obtain an internal reward (to manipulate their own emotional state), or because they hope to achieve an external reward (such as social approval). Crossing these two dimensions yields four categories of drinking motives: enhancement (internal, positive reinforcement); social (external, positive reinforcement); coping (internal, negative reinforcement); and conformity (external, negative reinforcement) motives (Cooper, 1994).

Each drinking motive is related to different drinking variables (frequency and quantity of alcohol use) and alcohol-related problems (Cooper, 1994; Cooper, Russell, Skinner, & Windle, 1992;

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Grant, Stewart, O'Connor, Blackwell, & Conrod, 2007). Enhancement motives are strongly related to drinking in situations where heavy drinking is condoned (e.g., with same-sex friends, and in bars; Cooper, 1994; Cooper et al., 1992), drinking in response to pleasant emotional states, and drinking in response to urges and temptations (Carrigan, Samoluk, & Stewart, 1998). Enhancement motives are correlated with heavy drinking and alcohol-related problems (Cooper, 1994; Cooper et al., 1992; Stewart & Chambers, 2000). However, when heavy drinking is statistically controlled, enhancement motives do not predict alcohol-related problems (Carrigan et al., 1998; Cooper, 1994; Cooper et al., 1992; Grant, Stewart, O'Connor, Blackwell, & Conrod, 2007; Stewart & Chambers, 2000) suggesting that heavy drinking mediates the relation between enhancement motives and alcohol problems. Social motives are related to frequency and quantity of drinking in social-affiliative situations, but not to alcohol-related problems (Carrigan et al., 1998; Cooper, 1994; Cooper et al., 1992; Grant, Stewart, O'Connor, Blackwell, & Conrod, 2007; Stewart & Chambers, 2000). Coping and conformity motives predict drinking problems independent of heavy consumption of alcohol (Cooper, 1994).

Recent studies have found that despite the strong correlation between coping-depression and coping-anxiety drinking motives, each coping motive contributed unique variance to the prediction of alcohol-related problems (Grant, Stewart, & Mohr, 2009; Grant et al., 2007). Such findings underscore that it is essential to separate anxiety-related and depression-related coping motives. Using a Modified Drinking Motives Questionnaire-Revised, Grant et al. (2007) demonstrated that a five-factor model separating coping-anxiety and coping-depression factors fit the data better than a model where all coping motives items were constrained to load on a single factor. When differentiating between coping-anxiety and coping-depression motives, only coping-depression motives have been shown to prospectively predict alcohol-related problems. However, when drinking levels were controlled, only coping-anxiety prospectively predicted alcohol-related problems (Grant et al., 2007).

Motivational theorists have proposed that drinking motives are the final common pathway to alcohol use and abuse, through which other risk factors, such as personality, exert their effects (e.g., Cooper, 1994; Cox & Klinger, 1988). A few studies have established connections between personality variables and drinking motives and suggest that personality variables are more strongly related to internal drinking motives (enhancement and coping) than to external drinking motives (social and conformity) (e.g., Stewart & Devine, 2000; Stewart et al., 2001a). Eysenck and Eysenck's (1985) and Gray's (1982) theories of motivation suggest that certain personality types should be related to specific risky internal drinking motives. People with higher behavioral inhibition system activity, also referred to as punishment-sensitive or neurotic individuals, are said to be more prone than others to drinking to cope with negative emotional states. In contrast, people with higher behavioral activation system activity, also referred to as reward-sensitive or extraverted individuals, are said to be more prone than others to drinking to enhance positive states.

Studies using the five-factor model (FFM) of personality support these significant relations of Neuroticism and Extraversion to specific internal drinking motives, and also show other possible personality domain relations with Conscientiousness, a personality dimension known to be related to the use/abuse of alcohol (Ibáñez et al., 2008). Coping motives are predicted by Neuroticism (Stewart & Devine, 2000; Stewart et al., 2001a; Theakston, Stewart, Dawson, Knowlden-Loewen, & Lehman, 2004) and low Conscientiousness (Stewart et al., 2001a). Enhancement motives are predicted by Extraversion and low Conscientiousness (Stewart & Devine, 2000; Stewart et al., 2001a; Theakston et al., 2004). However, no study to date has examined the relations of the FFM personality domains

with coping motives when coping motives are broken down into coping-anxiety vs. coping-depression motives.

The aims of this study were (1) to place the FFM of personality (Costa & McCrae, 1992) within the context of the revised model of drinking motives which separates coping-anxiety and coping-depression motives (Grant et al., 2007); and (2) to examine relations with alcohol use/misuse outcomes.

The first set of hypotheses concerned the relations between FFM of personality and the three internal drinking motives in the Grant et al. (2007) modified drinking motives measure. (1) As Neuroticism is related to major depression (Kendler, Kuhn, & Prescott, 2004), we predicted coping-depression drinking motives would be related to Neuroticism. (2) As Neuroticism and low Extraversion are characteristic of anxiety-prone and socially anxious individuals (Stein, Fallin, Schork, & Gelernter, 2005; Zhong et al., 2008) we expected coping-anxiety drinking motives would be related to Neuroticism and low Extraversion. (3) Finally, we expected that Extraversion and low Conscientiousness would predict enhancement drinking motives (Stewart & Devine, 2000; Stewart et al., 2001a; Theakston et al., 2004).

The second group of hypotheses concerned the relations between drinking motives and drinking outcomes, we hypothesized that: (1) enhancement motives would be related to heavier drinking; and (2) coping-depression and coping-anxiety motives would be related to alcohol-related problems (Cooper, 1994).

## 2. Method

### 2.1. Participants and procedure

Data were obtained from 799 students from Jaume I University of Castellón, Spain in 2009. Participants were students from the faculty of humanities and social sciences. They completed the self-report measures listed below during class time after providing informed consent. Participation was voluntary and anonymous.

Those indicating that they did not drink alcohol ( $n = 28$ ), who did not provide complete data on the Modified DMQ-R, NEO-FFI, or the RAPI ( $n = 19$ ), who did not provide information on demographic variables ( $n = 40$ ), who did not answer sincerely ( $n = 5$ ) (marking "no" to the affirmation "I have tried to answer all the questions sincerely" in the NEO-FFI), or who did not provide information on frequency and/or quantity of alcohol consumed in the last 30 days ( $n = 14$ ) were excluded from the analyses, leaving 693. Then, we chose people who were 18–22 years old – an age range that is representative of undergraduate students. The final sample thus consisted of  $n = 521$  (76.01% women) university student drinkers. The mean age was 19.95 (1.27) years.

### 2.2. Materials

#### 2.2.1. Demographic and drinking variables

The participants provided information about their sex and age and questions about frequency and quantity of alcohol embedded among other items to reduce their salience. For the purposes of the current study, only the two alcohol-related questions were analyzed. One alcohol-related item asked about the frequency of alcohol consumption in the past 30 days. Scale anchors were 0 (Not Applicable [Only if you did NOT drink alcohol in the past 30 days]) and four (six or more times). The other alcohol-relevant item asked about the average number of alcoholic beverages consumed per typical drinking occasion in the past 30 days. Participants responded to this item in an open-ended fashion (on average, in the past 30 days, how many drinks containing alcohol did you consume on a typical day when you were drinking?). A composite drinks per month variable was calculated by multiplying the frequency of

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