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Anger and Alcohol Use: A Model of Coping Styles, Alcohol Expectancies and the Experience and Expression of Anger

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ANGER AND ALCOHOL USE: A MODEL OF COPING STYLES, ALCOHOL
EXPECTANCIES AND THE EXPERIENCE AND EXPRESSION OF ANGER

A Thesis Presented to
the Faculty of the Department of Psychology
Western Kentucky University
Bowling Green, Kentucky

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

by
Shauna L. Willard
August 1999

ANGER AND ALCOHOL USE: A MODEL OF COPING STYLES, ALCOHOL
EXPECTANCIES AND THE EXPERIENCE AND EXPRESSION OF ANGER

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ANGER AND ALCOHOL USE: A MODEL OF COPING STYLES, ALCOHOL
EXPECTANCIES AND THE EXPERIENCE AND EXPRESSION OF ANGER

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Abstract

The researcher investigated the relationship between anger experience and expression, coping styles, and expectancies regarding the effects of alcohol in a young male population. Anger experience and expression was measured using the State-Trait Anger Expression Inventory, coping styles were assessed using the Coping Response Inventory, alcohol expectancies were determined using the Alcohol Effects Questionnaire-2, and alcohol use was measured using the Alcohol Use Inventory. The results indicated that young males who abuse alcohol utilize less effective coping styles, such as cognitive avoidance. Alcohol abusing males also believe alcohol will increase their power and aggression. A linear regression demonstrated that males who abuse alcohol experience and express more anger than males who do not abuse alcohol. The analysis further revealed that experience and expression of anger was related to the poor coping styles and expectancies regarding the effects of alcohol for males who abuse alcohol.

Anger and alcohol use: A model of coping styles, alcohol expectancies
and the experience and expression of anger

Alcohol is rarely, if ever, a sole cause of a social behavior as complex as human violence. However, “in both animal and human studies, alcohol, more than any other drug, has been linked with a high incidence of violence and aggression” (Secretary of Health and Human Services, 1990). As a source of antisocial behavior, alcohol is implicated in 2.4 million assaults, 183,000 rapes and sexual assaults, and 197,000 robberies in an average year (U.S. Department of Justice, 1998). In 1987, 64% of all reported child abuse and neglect cases in New York City were associated with parental alcohol abuse (Chasnoff, 1988). Crime is inextricably related to alcohol. In 1996, there were 1.5 million arrests for driving while intoxicated--accounting for 1 in 10 arrests for all crimes nationwide, and there were 17,126 alcohol-related traffic fatalities--accounting for 40.9% of all traffic fatalities (U.S. Department of Justice, 1998). When the cost of lost production, crime, and accidents due to alcohol are totaled and added to the cost of treating alcohol problems, the bill comes to over \$148 billion dollars a year (U.S. Department of Justice, 1998).

Although the statistics suggested a strong relationship between alcohol and violence and numerous studies have considered the relationship between alcohol intoxication and violence, little work has compared males who abuse alcohol and males who do not abuse alcohol on measures of anger expression. The work exploring

alcoholism and violence has found a significant relationship between alcoholism and violence. Hassal and Foulds (1968) found that a sample of young male alcoholics displayed more hostility than a matched control group of male hospital patients, in a projective test with items from the Minnesota Multiphasic Personality Inventory (MMPI). Van-Hasselt, Morrison, and Bellack (1985) reported significantly higher scores on the Michigan Alcoholism Screening Test (MAST) for physically abusive males based on their self-reports and on wives' reports of husbands' drinking behavior. Livingston (1986) compared alcoholic and nonalcoholic adults on their degree of substance abuse and the type and frequency of domestic abuse. The alcoholic adults were 57% more violent in past relationships than nonalcoholics.

The focus of the present study is on only one small facet of the complicated relationship between alcohol abuse and anger, which involves many different emotional, behavioral, and cognitive components. This study is focused on the cognitive aspect of the relationship—the rational decisions people make about anger expression. Specifically, this researcher investigates the relationship between level of alcohol use and abuse, the utilization of coping skills, expectations about alcohol's effects, and the expression of anger in a young, male population. The model of this relationship has three basic premises. First, men with alcohol-related problems utilize poorer coping skills than men without these problems. Secondly, individuals who abuse alcohol have a greater expectation that alcohol will lead to violence-related behaviors. Finally, as a result of poor coping skills and violence-supporting expectations, men with alcohol-related problems have a greater likelihood of experiencing and expressing anger when confronted with a problem situation.

Expectancies Regarding Alcohol

Expectancy theory suggests that a person's expectancies about the effects of alcohol affect actual behavior more than the physiological effects of alcohol. A physiological change caused by alcohol does not have to occur; a person just has to believe alcohol will cause a change in order for the person to change his or her behavior. The belief is based on an individual's cognitive representations of past experience with alcohol, either direct or indirect, and this experience is anticipated to determine the individual's behavior (Connors, O'Farrell, Cutter, & Thompson, 1986). Particularly relevant to the present study is the premise that the disinhibiting qualities of alcohol consumption reflect the well-established North American cultural expectancy that drinking leads inevitably to an inability to exercise moral and/or social restraint.

To investigate the underlying theory, alcohol expectancy studies often use a balanced placebo experimental design which differentiates the physiological effects of alcohol from the psychological effects of alcohol (Marlatt, & Rohsenow, 1980). In the balanced placebo design, participants are separated into four groups. Two groups are given an alcoholic drink; however, the participants in one group are told that they received a nonalcoholic drink, and the other participants are told they received an alcoholic drink. The other two groups are given a nonalcoholic drink; the participants in one group are told they received a nonalcoholic drink, and the other participants are told that they received an alcoholic drink. For example, employing the balanced placebo design, Marlatt and Rohsenow (1980) found that the belief held by the participants that they had ingested alcohol, rather than the participants' actual ingestion of alcohol, was related to increased sexual arousal, aggression and alcohol consumption itself. The

researchers concluded that alcohol expectancies provided their participants who believed they had ingested alcohol with an excuse for engaging in desired but prohibited behaviors. A meta-analysis of the expectancy research by Hull and Bond (1986) supports Marlatt and Rohsenow's theory.

Expectancy theory is directly applicable to alcohol use and violence because evidence (Sobell, & Sobell, 1973; Lang, Goechner, Adesso, & Marlatt, 1975; Schwarz, Burhart, & Green, 1978) suggests that people believe drinking increases the likelihood of aggression; specifically, individuals tend to believe that alcohol ingestion leads to aggressive behavior and that intoxication is an acceptable excuse for aggression. Lang et al. (1975) investigated whether the participants' expectations concerning the effects of alcohol, rather than alcohol consumption itself, would affect the level of aggression they displayed. Male social drinkers were led to believe they would be consuming either an alcoholic or nonalcoholic drink prior to participation in an aggressive task. Within each of the two groups, half of the participants actually received alcohol (i.e., vodka and tonic), and the others were given only tonic. Following beverage consumption, participants were exposed either to an insulting (i.e., provoking) or neutral confederate while participating in a difficult motor coordination task. Aggression was assessed by the intensity and duration of shocks administered to the confederate after the task was completed. Lang et al. (1975) found that the participants who believed they had consumed alcohol were significantly more aggressive than those who believed they had consumed a nonalcoholic drink, regardless of the actual content of the beverages. These findings suggest that the significant determinant of aggression was the expectation of the

participant regarding the aggression-inducing effects of alcohol and not the physiological effects of the alcohol.

The expectancies regarding the relationship between alcohol and aggression have led to the situation that antisocial acts, committed while one is intoxicated, are often attributed to an individual's intoxicated state. Sobell and Sobell (1973) have argued one of the rewarding consequences of heavy drinking is that it provides a socially acceptable excuse for engaging in otherwise inappropriate behaviors, including violence, with a minimum of social disapproval. Likewise, Schwarz et al. (1978) suggest drinking, in effect, provides a culturally sanctioned "time-out" from ordinary social controls during which behavior that is normally socially inhibited may be expressed without concern for punishment. In their study of sensation seeking, trait anxiousness, and drinking behavior, Schwarz et al. (1978) found support for this proposition. Their results indicated that alcohol consumption was strongly related to stimulus-seeking needs, particularly the need to engage in disinhibiting forms of sensation seeking. In sum, the expectancy research suggests that "[a]lcohol does not elicit aggression directly but instead disinhibits and facilitates its expression by acting to reduce fear and anxiety, thereby diminishing the impact of the physical and social consequences of aggression" (Lang et al., 1975, p. 509).

Alcohol lowers an individual's tolerance for stress and increases his or her sensitivity to aggressive cues (Lang et al., 1975). In this way, alcohol perpetuates a potentially aggressive situation by making it appear even more aggressive than it actually is. Lang et al. (1975) found that differences in the levels of aggression were determined mostly by the participants' expectancies regarding the content of the beverage they had consumed. Those who thought they had consumed alcohol, regardless of the actual

content, acted more aggressive against a confederate. This finding supports the view that individuals expect alcohol to change their behavior and are more apt to be aggressive because they can attribute it to the alcohol.

Aggression can easily be an excusable behavior if one has been drinking according to expectancy theory. People are not viewed as liable for their actions if they are intoxicated, as society accepts the excuse that antisocial behavior occurred “because I was drunk.” This exception allows aggression to be perpetuated without as much individual responsibility. Graham et al. (1998) reviewed the literature on alcohol expectancy and aggression and found that alcohol-related violence occurs because intoxication is a time when normal punishment does not apply. The researchers gave three rationales to explain why normal punishment does not apply to individuals who are intoxicated. First, society believes alcohol is the cause of the violent behavior, not the individual. Second, individuals who behave violently when intoxicated are viewed as less at fault. Finally, the expectation of lessened blame influences the individual who is intoxicated to behave more aggressively.

Although expectancies regarding alcohol are crucial, the situation acts as a mediator between alcohol and interpersonal violence. When alcohol is added to a situation in which the probability of aggression would be elevated regardless of the alcohol, the probability of aggression is elevated to an even greater level. Lang and Sibrel (1989) suggest alcohol serves mainly to potentiate violence in individuals who find themselves in violent-provoking situations.

If expectancies regarding the effects of alcohol are thought to explain the findings of the balanced placebo design research, individual differences in alcohol expectancies

may predict the likelihood to engage in the behavior reflected in these expectancies. In other words, those individuals with strong beliefs regarding the relationship between alcohol and violence may be more likely to engage in those behaviors while intoxicated. In 1980, Brown, Goldman, Inn, and Anderson developed an instrument to measure individual differences in alcohol expectancies—the Alcohol Expectancy Questionnaire (AEQ). The AEQ is comprised of six subscales that Brown et al. (1980) believed were the common expectancies people held regarding alcohol. The subscales include Global Positive Change, Sexual Enhancement, Physical and Social Pleasure, Increased Social Assertiveness, Relaxation and Tension Reduction, and Arousal and Power. Rohsenow (1983) revised the AEQ and developed the Alcohol Effects Questionnaire (AEQ-2) which included the six positive expectancies in the AEQ, but also included two additional negative expectancies subscales: Cognitive and Physical Impairment and Careless Unconcern. George, Frone, Cooper, Russell, & Windle (1995) using a confirmatory factor analysis found the AEQ-2 reliably measured the alcohol expectancy constructs. The three justifications postulated by George et al. (1995) for using the AEQ-2 over the AEQ were that the AEQ-2 is shorter than the AEQ (40 vs. 90 items). Second, the AEQ-2 is a more efficient measure. In the AEQ, approximately 25% of the items were superfluous. Finally, the AEQ assesses only positive expectancies, whereas the AEQ-2 also assesses two negative expectancies.

Although relatively little empirical research has been conducted employing the AEQ (e.g., Brown, Christiansen, & Goldman. 1987) and the AEQ-2 (e.g., Rohsenow, 1983), Brown and Munson (1987) have tested the AEQ on a sample of people who scored in the “high drinking habits category.” According to their findings, these

individuals were likely to hold the expectancies that alcohol use was related to Global Positive Change, increased Physical and Social Pleasure, increased Social Assertiveness, and Relaxation and Tension Reduction. One expectancy that has been found to relate to high drinking habits (Brown & Munson, 1987) is increased Social Assertiveness, which is characterized by thoughts such as “Drinking makes it easier for me to express my feelings” and “Drinking allows me to do what I want.” If Social Assertiveness is related to disinhibition, those who abuse alcohol may be more likely to hold the expectation that alcohol provides an excuse for aggressive behaviors. Although the research has shown that alcoholics hold an expectation regarding the effects of alcohol consumption which would be predicted to contribute to violence—i.e., increased social assertiveness—research has failed to investigate whether those who abuse alcohol will engage in more violence based on this expectation.

Coping Styles and Aggression

In addition to expectancies, the utilization of coping skills is suggested as an important factor in the occurrence of aggression after the ingestion of alcohol. Coping styles are typical or habitual ways of approaching or coping with problems (Cooper, Russell, Skinner, & Frone, 1992). There are two main types of coping: avoidant and problem-focused coping. Avoidant coping is cognitive and behavioral attempts to avoid thinking about a stressor and its implications and is the least productive and most destructive form of coping used to solve a problem (Moos, 1993). The negativity of avoidant coping results from the fact that instead of facing the problem and trying to establish a plan of action, the avoidantly coping person is basically denying or retreating

from the problem. This form of coping, therefore, compounds the problem by allowing the problem to escalate without the person initiating a course of action to solve it.

Problem-focused coping, on the other hand, is considered a positive coping style because it reflects cognitive and behavioral efforts to master or resolve life stressors (Moos, 1993). Unlike avoidant coping, problem-focused coping exhibits a healthy attempt to solve a problem. A person who uses this form of coping shows insight into the problem and the solution. Although a person who is problem-focused may not always choose the optimal solution for the problem, he or she is exhibiting initiative and the ability to face the problem, a behavior that is lacking in those who use avoidant coping.

The ability to cope is crucial in an aggression-provoking situation and research has demonstrated that alcoholics have a reduced ability to use positive coping skills (Moos, Brennan, Fondacaro, & Moos, 1990; Conte, Plutchik, Picard, Galanter, & Jacoby, 1991; Cooper et al., 1992; Evans & Dunn, 1995). Cooper et al. (1992) found that men who relied on avoidant forms of emotional coping were prone to alcohol abuse. Karwacki and Bradley (1996) found that in a stressful situation if the avoidant coping strategies of self-blame, detachment, wishful thinking, and keeping to one's self were applied the result was an increase in alcohol use. Individuals who use alcohol to cope presumably have learned to do so because they lack other, more adaptive ways of coping. Reliance on alcohol to cope may contribute to further deterioration in adaptive coping and to increased psychological dependence on alcohol to meet one's needs (Cooper, Frone, Russell, & Mudar, 1995). Conte et al. (1991) found that alcoholics employed the coping behaviors of suppression, substitution, and blame to a significantly greater degree than did nonalcoholics. The Conte et al. (1991) study suggests that individuals with

alcohol-related problems, as a group, tend to cope by avoiding problems by engaging in indirect problem-solving (such as aggression) in order to reduce their tensions and by blaming others for their troubles. Carver and Scheier (1994) found that individuals who used alcohol to cope reported higher levels of anger, disappointment, and guilt in their interactions with others than individuals who did not use alcohol to cope. Because of this reduction in ability to use positive coping skills, those who abuse alcohol may use whatever means possible to get themselves out of the situation immediately and that immediate solution may be aggression.

Moos (1993) developed the Coping Response Inventory (CRI) to measure different cognitive and behavioral coping styles. In general, problem-focused coping reflects cognitive and behavioral efforts to master life stressors. In contrast, avoidance coping tends to be emotion-focused; it reflects cognitive and behavioral attempts to avoid thinking about a stressor. The styles of coping measured by the CRI are Logical Analysis, Positive Reappraisal, Seeking Guidance and Support, Problem Solving, Cognitive Avoidance, Acceptance or Resignation, Seeking Alternative Rewards, and Emotional Discharge. Moos et al. (1990) compared alcoholic and nonalcoholic adults and found male alcoholics relied on the coping styles of Cognitive Avoidance, Acceptance or Resignation, and Emotional Discharge all of which are avoidant forms of coping.

Present Study

The purpose of the present study is to explore the relationship between alcohol abuse and anger. First, is it true that individuals who abuse alcohol experience and express more anger than those who do not abuse alcohol? Second, if it is true that

individuals with alcohol-related problems experience and express more anger, what is the mechanism through which it occurs? Does the anger expression relate to the individuals coping style and/or to the individuals expectations regarding alcohol's effect? Finally, this study represents an attempt to support the idea that those who abuse alcohol will experience and express more anger and that their experience and expression of anger will be facilitated by their coping styles and their expectations regarding alcohol's effects.

The purpose of this study is to examine whether individuals who abuse alcohol have a greater likelihood of engaging in anger expression than those who do not abuse alcohol, as a result of poor coping styles, and violence-supporting expectations by exploring the anger expression and experience of young males. In the present study, males were compared on their alcohol use using the Alcohol Use Inventory (AUI), on their coping styles using the Coping Response Inventory (CRI), on their expectations regarding alcohol's effects using the Alcohol Effects Questionnaire-2 (AEQ-2), and on their anger expression using the State Trait Anger Expression Inventory (STAXI).

Method

Participants

Ninety-three males participated in this study. Males between the ages of 18 and 30 were used because Pernanen (1993) found that men are more than twice as likely as women to have been drinking prior to assaulting another person, especially when involved in a fight with a male. Pernanen (1993) also found that people in their twenties were more likely to be involved in alcohol-related violence than were older or younger people. The participants were contacted through psychology classes at a mid-sized southern university. The participants received extra credit in their classes for their participation.

Demographic information was collected on a personal information sheet, which was the first page of the packet the participants completed (see Appendix A). The participants ranged in age from 18 to 28 years ($M = 20.17$, $SD = 1.94$). The participants were predominately White (84%); a small number African-American (13%), Asian or Pacific Islander (2%), and Biracial (1%) accounted for the remaining variation. Ninety-four percent of the participants had never been married, 4% reported that they were currently married and the remaining 2% reported that they were divorced. All the participants had some college education.

The education level of the parents was also taken into consideration. For the father's education level, 65% reported fathers with some college or above (Bachelor degree, Master's degree, Law degree, or Ph.D.). The remaining 35% had fathers with a

high school diploma or less (some high school or eighth grade or below). The mother's education level was 56% with some college or above and 44% with a high school diploma or less.

The current yearly family income range was measured using a scale that divided income into ranges (see Appendix A). The ranges were assigned a value, and the values were averaged to assess which was the average range reported. The average current yearly family income range reported was ($\underline{M} = 5.08$, $\underline{SD} = 2.17$), which translates into \$40 – 49,999 per year. The participants' perceived socioeconomic class (SES) was measured with a Likert-type scale (1 = low, 7 = high). The mean SES for the participants was ($\underline{M} = 4.40$, $\underline{SD} = 1.05$), indicating the participants perceived themselves as slightly above middle-class.

Measures

The materials used to measure the variables of interest consisted of the Alcohol Use Inventory (Horn, Warnberg, & Foster, 1986; see Appendix B), the Coping Response Inventory (Moos, 1993; see Appendix C), the Alcohol Effects Questionnaire-2 (Rohsenow, 1983; see Appendix D), and the State-Trait Anger Expression Inventory (Spielberger, 1996; see Appendix E).

Alcohol Use Inventory. The Alcohol Use Inventory (AUI) was administered to all participants to measure alcohol use. The AUI is based on the philosophy of using multidimensional concepts and measures to assess alcohol use. This instrument can be self-administered; it contains 228 items and measures alcohol-related problems in four domains: benefits, styles, consequences and concerns about and recognition associated with alcohol use and abuse. Based on prior research (Horn, Wanberg, & Foster, 1986),

the AUI has been found to produce 23 scales related to alcohol use and one general alcoholism scale. Table 1 displays the author's reported test-retest reliabilities and the Percent Unique Variance (PUV) of the AUI scales. The PUV is a measure of the proportion of internally consistent variance of a scale that is not held in common with the variance of other scales (Horn, Wanberg, & Foster, 1986). The PUV should be at least .10; this figure ensures that at least 10 percent of the variance is reliably unique (Horn, Wanberg, & Foster, 1986). The 24 scales are Improve Sociability (SOCIALIM), Improve Mental Functioning (MENTALIM), Manage Moods (MANAGMOOD), Deal with Marital Problems (MARICOPE), Drinking with Others (GREGARUS), Compulsive (COMPULSV), Sustained Drinking (SUSTAINED), Loss of Control (LCONTROL), Role Maladaptation (ROLEMALA), Psycho-perceptual withdrawal (DELIRIUM), Psycho-physical-somatic withdrawal (HANGOVER), Marital Problems Resulting (MARIPROB), Quantity (QUANTITIY), Guilt and Worry (GUILTWOR), Prior Attempts to Deal with Drinking (HELPBEFR), Readiness for Help (RECEPTIV), Awareness of Problem, (AWARENES), Enhance Self-Functioning (ENHANCED), Obsessive, Sustained Drinking (OBSESSED), Direct Life Disruption (DISRUPT1), Indirect Life Disruption (DISRUPT2), Anxious (ANXCONCN), Acknowledge and Awareness (RECPAWAR), and Broad Involvement with Alcohol (ALCINVOL).

Coping Response Inventory. The Coping Response Inventory (CRI) was administered to all participants to measure coping styles. It asks the participants to state a major problem they have had in the last 12 months and then to answer questions regarding that problem. The responses to the 48 coping items are measured by a four-point Likert-type scale (NA = Not at All; F = Fairly Often). Based on prior research

Table 1

Test-Retest Reliabilities (TRR) and Percent Unique Variance (PUV) for Alcohol Use Inventory

| Scale | TRR | PUV |
|----------|-----|-----|
| SOCIALIM | .82 | .28 |
| MENTALIM | .62 | .21 |
| MANGMOOD | .70 | .20 |
| MARICOPE | .73 | — |
| GREGARUS | .87 | .52 |
| COMPULSV | .82 | .14 |
| SUSTAIND | .81 | .40 |
| LCONTROL | .85 | .20 |
| ROLEMALA | .89 | .26 |
| DELIRIUM | .88 | .29 |
| HANGOVER | .80 | .10 |
| MARIPROB | .54 | — |
| QUANTITY | .83 | — |
| GUILTWOR | .80 | .16 |
| HELPBEFR | .89 | .32 |
| RECEPTIV | — | .36 |
| AWARENES | — | .32 |
| ENHANCED | .81 | .62 |
| OBSESSED | .83 | .42 |
| DISRUPT1 | .94 | .43 |
| DISRUPT2 | .84 | — |
| ANXCONCN | .80 | .39 |
| RECPAWAR | — | .47 |
| ALCINVOL | .89 | — |

(Moos, 1993), the CRI has been found to produce eight different types of coping responses or styles to stressful life circumstances. Table 2 displays the author's reported internal consistency reliabilities for the CRI coping styles. The eight coping styles are

Table 2

Internal Consistency Reliabilities for the Coping Response Inventory

| Scale | Alpha |
|------------------------------|-------|
| Logical Analysis | .67 |
| Positive Reappraisal | .74 |
| Seeking Guidance and Support | .61 |
| Problem Solving | .68 |
| Cognitive Avoidance | .72 |
| Acceptance or Resignation | .64 |
| Seeking Alternative Rewards | .68 |
| Emotional Discharge | .62 |

Logical Analysis, Positive Reappraisal, Seeking Guidance and Support, Problem Solving, Cognitive Avoidance, Acceptance or Resignation, Seeking Alternative Rewards, and Emotional Discharge. The first four styles have been called approach coping; the second set of four styles have been called avoidant coping.

Alcohol Effects Questionnaire-2. The Alcohol Effects Questionnaire-2 (AEQ-2) is a 40-item forced choice (i.e., agree or disagree) questionnaire and was used to measure

expectations about the effects of alcohol for all participants. The AEQ-2 gives a statement about the effects of alcohol and asks the participants whether they agree or disagree with the statement based on their current personal thoughts, feelings, and beliefs about alcohol. Table 3 displays the internal consistency reliabilities for the scales of the AEQ-2 as reported by George et al. (1995). Based on previous research (Rohsenow,

Table 3

Internal Consistency Reliabilities for the Alcohol Effects Questionnaire-2 (George et al., 1995)

| Subscale | Alpha |
|-----------------------------------|-------|
| Global Positive Change | .85 |
| Social and Physical Pleasure | .85 |
| Social Expressiveness | .92 |
| Sexual Enhancement | .93 |
| Tension Reduction and Relaxation | .83 |
| Power and Aggression | .83 |
| Cognitive and Physical Impairment | .89 |
| Careless Unconcern | .83 |

1983) the AEQ-2 has been found to measure eight expectancies regarding the effects of alcohol. The eight scales are Global Positive Change, Social and Physical Pleasure, Social Expressiveness, Sexual Enhancement, Power and Aggression, Tension

Reduction and Relaxation, Cognitive and Physical Impairment, and Careless Unconcern. The first six subscales measure positive expectancies and the last two measure negative expectancies regarding alcohol's effect.

The State-Trait Anger Expression Inventory (STAXI). The STAXI measures the experience and expression of anger and was used as the measure of violence in the study. Its 44 items are divided into two major components—state and trait anger—which are composed of six scales and two subscales. Table 4 displays the internal consistency reliabilities for the scales of the STAXI as reported by the author and Fuqua et al. (1991).

Table 4

Internal Consistency Reliabilities for the State Trait Anger Expression Inventory

| Subscale | Alpha | |
|-----------------------------------------------------------------|--------------------|---------------------|
| | Spielberger (1996) | Fuqua et al. (1991) |
| Angry Feelings | .93 | .91 |
| Angry Feelings Suppressed | .73 | .76 |
| Anger Expressed at Others | .75 | .75 |
| Anger Control | .85 | .82 |
| Anger Expression | .80 | .58 |
| Disposition to Experience Anger | .87 | .82 |
| Experience and Expression of Anger without Specific Provocation | .84 | .85 |
| Disposition to Experience Anger when Criticized | .70 | .73 |

For the STAXI, state anger is defined as an “emotional state marked by subjective feelings that vary in intensity from mild annoyance to intense fury and rage” (Spielberger, 1996, p.1). Trait anger is defined as the “disposition to perceive a wide range of situations as annoying or frustrating and the tendency to respond to such situations with more frequent elevations in state anger” (Spielberger, 1996, p.1). The six scales of the STAXI are Angry Feelings, Angry Feelings Suppressed, Anger Expressed at Others, Anger Control, Anger Expression, and Disposition to Experience Anger. Disposition to Experience Anger contains two subscales: the Experience and Expression of Anger without Specific Provocation, and the Disposition to Express Anger when Criticized.

Demographics. A demographic sheet which measured age, primary occupation, race or ethnic group, marital status, education of the participant, father’s education, mother’s education, perceived socioeconomic status (SES), and yearly income was developed for purposes of this study.

Procedure

The participants were contacted in person through announcements in psychology classes; they were given a brief description of the study and either completed the questionnaires during the class or they were allowed to sign-up for one of three testing sessions. The questionnaires were administered to no more than 15 participants at one testing date. All of the participants received extra credit for their participation.

At the time of their participation, participants were asked to read an informed consent form (see Appendix F) stating that their participation was voluntary and that their responses were anonymous and confidential, and they were given the

opportunity to ask any questions. The participants were then given thorough directions for each individual questionnaire and given the opportunity to ask specific questions about the instructions. Upon completion of the questionnaires, the participants were given a written debrief (see Appendix G) that provided additional information about the study that they were asked to read. Opportunity was then provided to ask any remaining questions about the study. After the debriefing and questions, the participants were asked to sign a form for their professor in order to receive the extra credit. The entire procedure took one hour on average, ranging from 45 minutes to an hour and a half. Participants were treated in accordance with the ethical standards of the American Psychological Association.

Results

Coping Response Inventory (CRI)

For each of the eight subscales of the CRI, a composite score was created by summing participants' responses on the six items on the subscale. To compare coping styles, the composite scores were then translated into t-scores using the criteria of standard scores for the t-score ranges provided by Moos (1993). A correlation exploring the relationship between the Broad Involvement with Alcohol scale of the AUI and the eight subscales of the CRI produced no statistically significant relationships.

Alcohol Effects Questionnaire -- 2 (AEQ-2)

The eight subscales of the AEQ-2 were created by summing the responses to the particular questions for each subscale. A correlation investigating the relationship between the Broad Involvement with Alcohol scale of the AUI and the eight subscales of the AEQ-2 was performed (see Table 5). There was a statistically significant relationship between scores on the Broad Involvement with Alcohol scale of the AUI and five of the eight subscales of the AEQ-2.

State-Trait Anger Expression Inventory (STAXI)

The six scales and two subscales of the STAXI were created by summing the responses to the particular questions for each scale or subscale. A linear multiple regression was performed employing the scales of the STAXI as dependent measures and the Broad Involvement with Alcohol scale as the independent measure. Broad

Table 5

Correlations between the Subscales of the Alcohol Effects Questionnaire-2 and the Broad Involvement with Alcohol Scale of the Alcohol Use Inventory

| Subscale | Broad Involvement with Alcohol |
|------------------------------|--------------------------------|
| Social and Physical Pleasure | .45*** |
| Social Expressiveness | .43*** |
| Global Positive Change | .32** |
| Sexual Enhancement | .28** |
| Power and Aggression | .21* |
| *** $p < .001$ | |
| ** $p < .01$ | |
| * $p < .05$ | |

Involvement with Alcohol was found to be a significant predictor of scores on two of the eight scales of the STAXI. Broad Involvement with Alcohol significantly predicted individual differences in the disposition to experience anger, $F(1,91) = 4.40$, $p < .05$; $R^2 = .05$. The Broad Involvement with Alcohol scale also significantly predicted the frequency with which anger is expressed, $F(1,91) = 4.58$, $p < .05$; $R^2 = .05$.

Multiple Regression

The a priori theoretical model to predict the participants' experience and expression of anger based on past research was tested using a multiple regression procedure. First, it was hypothesized that alcohol use (Broad Involvement with Alcohol) would predict anger experience and expression. Second, research by Moos (1993)

suggests that alcoholics (those with high alcohol use) used the coping style of Cognitive Avoidance; thus this variable was included in the model. Finally, the expectancy that alcohol use would contribute positively to power and aggression was hypothesized to contribute to the model predicting anger experience and expression because of its general contribution to violence-related behavior.

To test the model above, a linear multiple regression was performed employing the subscale of Disposition to Experience Anger as the dependent measure. The regression was performed in blocks with alcohol use (Broad Involvement with Alcohol), Cognitive Avoidance, and Power and Aggression entered in that order. The overall model was significant, $F(3,89) = 7.41, p < .001; R^2 = .20$. Power and Aggression did contribute significantly to the model, $t(89) = 2.40, p < .05$. Cognitive Avoidance was a significant predictor of the model after Power and Aggression was entered, $t(89) = 3.40, p < .01$. Alcohol use was not significant when Power and Aggression and Cognitive Avoidance were entered into the model, $t(89) = 1.01, p > .05$.

A second linear multiple regression was performed using the same model but employing the subscale of Anger Expression as the dependent measure. The overall model was significant, $F(3,89) = 5.72, p < .001; R^2 = .16$. However, the only significant predictor in the model was Cognitive Avoidance, $t(89) = 3.21, p < .01$; alcohol use, $t(89) = 1.25, p > .05$ and Power and Aggression, $t(89) = 1.38, p > .05$ did not contribute any unique variance to the model.

Discussion

Experience and Expression of Anger

The findings of the study lend support to the hypothesis that those who abuse alcohol have higher levels of anger experience and expression, and this anger is related to their less effective coping styles and their expectations regarding the effects of alcohol. The results of the correlation demonstrated a significant relationship between alcohol use and disposition to experience anger ($r = .22, p < .05$) and alcohol use and anger expression ($r = .22, p < .05$). High scores on the disposition to experience anger subscale indicate that the person frequently experiences angry feelings and the individual often feels treated unfairly by others. These individuals are likely to experience a great deal of frustration. A high score on the Anger Expression subscale indicates that the individuals manifest anger in many facets of their behavior. These findings support the theory that those who abuse alcohol experience and are predictably more likely to express their anger.

The previously mentioned ideas have a dual relationship. First, individuals with an increased level of alcohol use experience greater levels of frustration because the alcohol impairs their ability to accomplish their present goals. Thus, the individual exhibits frustration caused by the alcohol impairment by expressing anger at the object or person the individual perceives as a barrier to the goal.

On the other end of the spectrum, individuals who are frustrated cope by drinking. Alcohol use seems to be perceived as a tangible and easy way to deal with the frustration.

The alcohol appears to numb the angry feelings. An individual who is easily angered seems to abuse alcohol to facilitate the expression of the angry feelings and to reduce the feelings of frustration. The study results do not explain the relationship between alcohol abuse and anger, rather they predict that a relationship exists between alcohol abuse and anger.

Expectancies Regarding Alcohol

In addition to increased experiences with anger, the individuals who abused alcohol held significantly more positive expectations regarding the effects of alcohol than did individuals who did not abuse alcohol. The expectancies regarding the effects of alcohol endorsed by these individuals were not surprising. Brown and Munson (1987) had found previously that those individuals scoring in a “high drinking category” were more likely to hold the positive expectations of more global positive change, physical and social pleasures, social assertiveness, and relaxation and tension reduction. The present study replicated the findings regarding increased global positive change, physical and social pleasure, increased social assertiveness; termed social expressiveness on the AEQ-2, and relaxation and tension reduction. The other finding that was different from the aforementioned research was that those who abuse alcohol in the present study tended to believe alcohol would increase their power and aggression.

Individuals who abuse alcohol are assumed to continue to drink because they believe alcohol is achieving something positive for them; therefore, the expectancy that alcohol would result in global positive change would be expected to relate to increased alcohol use. In addition, individuals who expect to gain pleasure from the continued use of alcohol would also be more likely to abuse alcohol. If the individual did not expect to

feel pleasure from abusing alcohol, the person would discontinue the use of alcohol. Individuals who abuse alcohol expect to be more social after they have been drinking. Conceptually this expectation makes sense because Schwarz et al. (1978) demonstrated alcohol use lowers a person's inhibitions. Thus, if people feel less inhibited after drinking alcohol, the individuals may continue to drink excessively in order to obtain the lowered inhibition level and feel comfortable asserting themselves in social situations. Alcohol provides an individual with relaxation and lowered stress level. Theoretically this statement makes sense because alcohol can be expected to take away individuals' problems and allow the individuals to forget about them. The more the person who abuses alcohol drinks, the less the individual has to worry about the problems. The reinforcement alcohol provides by taking away the worries of reality is problematic when alcohol is the only outlet used to relax and deal with problems.

Alcohol's ability to make individuals feel more powerful could be explained by the fact those who abuse alcohol also expect alcohol to remove their behavioral inhibitions. Although not found by Brown and Munson (1987), this expectation is one of the rewarding consequences discussed by Sobell and Sobell (1973) earlier. The problem arises when the individual uses this aggression to express the anger. Exhibiting physical aggression toward another person is not acceptable in our society nor is it a healthy way to deal with anger. The individual should not exhibit this anger under the camouflage of attributing the aggression to the intoxicated state. The individual should take steps to be aware of the angry feelings and take constructive advances to deal with the anger.

Avoidant Coping, Aggression-Related Expectancies and Anger

This discussion of expectancies leads to a consideration of the relationship

between avoidant coping, aggression-related expectancies, and anger experience and expression. The multiple regression showed a stronger relationship between alcohol use, coping, expectancies, and the individual's disposition to experience anger than with the individual's anger expression. A correlation was performed with all of the variables in the two models. The results of the correlation showed that none of the variables in the two models were correlated except for the two anger subscales ($r = .77, p < .001$) which was expected. Cognitive Avoidance had the highest correlation with both a Disposition to Experience Anger ($r = .36, p < .001$) and Anger Expression ($r = .35, p < .001$). Within these two models Broad Involvement with Alcohol also contributed to Disposition to Experience Anger ($r = .22, p < .05$) and Anger Expression ($r = .22, p < .05$).

The present study contributes a possible dual explanation of the interaction between avoidance of a problem and alcohol use. First, as an individual increases alcohol use, the individual begins to avoid thinking realistically about the problems and is more likely to be disposed towards engaging in anger experience and expression. Those who are alcohol abusers and who are quick-tempered solve their problem by lashing out at the problem rather than thinking about a solution for the problem. It is easier for someone who is quick-tempered to strike out at the problem as a means to make the problem disappear.

An alternative explanation is that individuals who cope by avoiding problems turn to alcohol to expedite their avoidance of the problem. The more the person drinks, the more the individual can deaden any thought of the problem. The anger the person experiences and in some instances expresses will manifest itself when the problem is brought into conscious awareness. The result is the individual lashes out at the perceived source

that brought the problem into awareness for the individual. The result in either case is the same (lashing out at another), but the mechanism through which the anger manifests itself is different.

An interesting finding was that increased Power and Aggression was correlated with a Disposition to Experience Anger ($r = .27, p < .05$) but not with Anger Expression. Individuals (regardless of alcohol use) hold the belief that alcohol will make them more powerful but do not act upon this belief when they are intoxicated. The individuals may believe they are more powerful than others are and experience a great deal of frustration because the individuals feel they are treated unfairly by others, but they do not express this anger based on the belief. This coping strategy is not a productive way to deal with frustration. If the person does not actively express the anger in a constructive way or suppresses the anger the individual potentially could have a violent outburst that could be detrimental to the individual and to others.

The findings lend partial support to the hypotheses of this study. Based on the aforementioned findings it could be suggested that as alcohol use increases so does the utilization of avoidant coping styles, the expectation regarding alcohol's ability to increase an individual's power and aggression, and the individual's experience and expression of anger. Conversely, the implication could be that individuals with avoidant coping styles increase their alcohol use in order to deal with their problems, engage in thoughts of power and aggression after consuming alcohol, which ultimately leads to anger expression when confronted with the problem.

Alcohol Myopia. The results of the present study failed to show a relationship between coping, expectancies and the expression of anger at others. The limitations

could have occurred because the individual with alcohol problems was not put in a violence-provoking situation, which would have measured the expression of state anger. Instead of examining anger as a trait, but rather measuring state anger—i.e., how the person reacted in a violence-provoking situation—may support a relationship between coping, expectations, and anger expressed at others. If the individual who abuses alcohol was in a violence-provoking situation, the person may have relied more on the avoidant forms of coping and the expectations that facilitate anger expression. If all the findings are viewed in combination with the violence-provoking situation and the idea that alcohol consumption impairs a person's cognitive functioning, anger expression may be increased. Prior research has established that alcohol consumption impairs a person's ability to function cognitively. The term used to describe this impairment is alcohol myopia. Due to the potentially important role for alcohol myopia in the theoretical model posited in the research being reported in this paper, a discussion of alcohol myopia follows.

Alcohol myopia has a direct impact on the relationship between alcohol and anger expression. Alcohol myopia is a state of shortsightedness caused by alcohol ingestion in which people process fewer cues less well (Steele & Josephs, 1988). In other words, because of the reduction of attention, a person perceives fewer cues, and because of the impairment of one's ability to engage in controlled processing, the cues perceived are poorly understood and difficult to relate to existing knowledge. The reason for this result is that the alcohol intoxication interferes with all cognitive processes. According to Hillbrand, Foster, and Hirt (1991), alcohol has a negative influence on the ability to engage in conscious, high-level cognitive processing and on the ability to attend to

stimuli other than the most obvious, immediate ones. As an activity becomes more complex, such as many anger-provoking situations, it requires more controlled processing and more attentional resources. Sober individuals, because of their greater attentional and controlled processing capacity, can presumably access and use a broader array of information and strategies to deal with an anger-provoking situation. When a stressor such as violence provocation is strong and salient, alcohol's reduction of attention results in attention being occupied with stressor-related—i.e., anger-related-thoughts.

First, alcohol myopia impairs a person by limiting his or her ability to attend to everything in the environment. Alcohol intoxication consistently restricts the range of cues that a person can perceive in a situation when he or she is drunk. The person simply attends to and encodes fewer available cues, internal as well as external cues.

Impairment in controlled processing is the other main facet in the theory of alcohol myopia. This impairment differs from the restricting of the range of cues in that it involves the decisions people make when they are intoxicated. Controlled processing is one element that every human uses, but it is severely limited when one is intoxicated. This limit does not allow a person to understand the full implications of the situation. If the person is in a situation that has a potential for violence, the limit of controlled processing will not allow him or her to understand the full ramifications of the situation. The situation may not be threatening at all, but because the person has a poor understanding of the available cues, the individual may perceive the situation as violence-provoking.

The other component of controlled processing is impairment in the ability to relate perceived cues to existing knowledge. The intoxicated person is unable to process

the cues—whether inhibiting or disinhibiting—and relate them to the knowledge about the cues. A person may have been in a similar situation, but because of the impairment, he or she cannot access knowledge about that situation. If the person cannot access the previous information about the situation, he or she may perceive it as aggressive. Even if the individual had experienced a similar situation when sober and not acted aggressive, he or she cannot access the previous knowledge because of the limiting effects of the alcohol myopia.

In summary, alcohol myopia consistently impairs perceptual and cognitive functioning. Specifically it impairs the ability to use several cues at the same time, the cognitive elaboration needed to encode meaning from incoming information, and the ability to use active and systematic encoding strategies and to encode large numbers of situational cues (Steele, Southwick, & Pagano, 1986).

Alcohol myopia limits a person's cognitive ability and that includes limiting the individual's ability to cope logically with an anger-provoking situation. Those who abuse alcohol already use poor coping styles (i.e., Cognitive Avoidance), and the alcohol myopia may heighten their use of the poor coping styles in an anger-provoking situation. The reason for this heightened use is that the myopia will not allow the individual to engage the cognitive functioning necessary to use positive-coping. The person with alcohol-related problems thus has poor coping styles, and also has alcohol myopia's limiting effects working against them employing positive coping skills in an anger-provoking situation.

If the study had examined those who abuse alcohol in terms of the effects of alcohol myopia in the anger-provoking situation, the relationship between coping, expectancies and anger expression might have been present. However, it would not be

ethical to place a person with alcohol problems in a situation that encouraged drinking. A hypothetical problem, which described a person in terms of being impaired by alcohol myopia and in an anger-provoking situation, could have been given to the participants to use as the sample situation on the CRI. This procedure would have questionable external validity because the person was not actually describing how he or she copes with his or her own problems. Also, some of the individuals who do not abuse alcohol may have never been in a similar situation, thus it would be difficult for them to relate to the problem.

Limitations of the Study

One of the major shortcomings of the present study is the sample used. First, the sample size was rather small; because of the statistics used, the number of variables that could be entered in the prediction were limited. The replication of this study with a larger group may solidify the results. Also the sample was relatively young; an older sample has had to deal and cope with more problems than younger counterparts. Older individuals could utilize their past experiences to initiate the use of more positive coping styles when faced with a problem. Although, older individuals could be embedded in their use of poor coping mechanisms when faced with a problem and see no need to be flexible in their utilization of coping skills based on the situation. Finally, the sample was also drawn from a university that prohibits alcohol use on its campus. A dry campus may draw a certain type of student and thus skew the results of the study. A counter argument to this statement is that alcohol sale and use is permitted within the city where the university is located, thus allowing ample opportunity for the students to have exposure to alcohol use and its implications. However, the dual problems of availability of alcohol to the student participants and the young sample's presumed lack of experience

with alcohol could have contributed to discovering only marginally significant results in the present study.

A second limitation of the present study was the combination of instruments employed. The instruments themselves are demonstrated to be reliable measures with an alcoholic population, but the present study was not examining only an alcoholic population. The intent of the study was to examine the full range of alcohol use and how different levels of drinking affected the coping styles they utilized, the expectations they held regarding the effects of alcohol and the level of anger they experienced and expressed. The use of the Broad Involvement with Alcohol scale of the AUI appeared to be the optimal way to accomplish this task, but the results were difficult to interpret based on this scale. Due to the use of a continuous variable to measure alcohol use, specific conclusions based on the results could not be applied. The ability to state the assumption that one variable occurred before another was not possible thus limiting the scope of the findings. One way to alleviate this problem is to employ a path analysis, but due to the small sample size this was not possible.

Implications for the Future

If the relationship found in this study were to be replicated, programs on college campuses teaching those who abuse alcohol how to deal with expressing their anger through more positive means--such as being assertive without being aggressive--could be implemented. Programs and workshops that explain how to use more positive coping styles and to examine different solutions to problems other than expressing anger could prove tremendously helpful. Individuals who abuse alcohol already have two barriers to overcome—their alcohol abuse and their poor coping styles. Thus, if they are taught to

use more positive focused coping, they may not need to rely on their drinking and anger expression as a solution for their problems.

Alcohol abuse is a societal problem with far reaching effects. The role alcohol plays in the manifestation of violence is complicated and intertwined with many other factors. The results of this study do not offer a solution; rather they allow new insight into the relationship between alcohol use and violence.

References

- Brown, S., Christiansen, B., & Goldman, M. (1987). The alcohol expectancy questionnaire: An instrument for the assessment of adolescent and adult alcohol expectancies. Journal of Studies on Alcohol, 48(5), 483-491.
- Brown, S., Goldman, M., Inn, A., & Anderson, L. (1980). Expectations of reinforcement from alcohol: Their domain and relation to drinking patterns. Journal of Consulting and Clinical Psychology, 48, 419-426.
- Brown, S., & Munson, E. (1987). Extroversion, anxiety, and the perceived effects of alcohol. Journal of Studies on Alcohol, 48, 272-276.
- Carver, C., & Scheier, M. (1994). Situational coping and coping dispositions in a stressful transaction. Journal of Personality and Social Psychology, 66(1), 184-195.
- Chasnoff, I. (1988). Drugs, alcohol, pregnancy and parenting. Highham, MA: Kluwer Academic Publishers.
- Connors, G., O'Farrell, T., Cutter, H., & Thompson, D. (1986). Alcohol expectancies among male alcoholics, problem drinkers, and nonproblem drinkers. Alcoholism: Clinical & Experimental Research, 10(6), 667-671.
- Conte, H., Plutchik, R., Picard, S., Galanter, M., & Jacoby, J. (1991). Sex differences in personality traits and coping styles of hospitalized alcoholics. Journal of Studies on Alcohol, 52, 26-32.
- Cooper, M., Frone, M., Russell, M., & Mudar, P. (1995). Drinking to regulate positive and negative emotions: A motivational model of alcohol use. Journal of Personality & Social Psychology, 69(5), 990-1005.
- Cooper, M., Russell, M., Skinner, J., & Frone, M. (1992). Stress and alcohol use:

Moderating effects of gender, coping, and alcohol expectancies. Journal of Abnormal Psychology, 101(1), 139-142.

Evans, D., & Dunn, N. (1995). Alcohol expectancies, coping responses and self-efficacy judgements: A replication and extension of Cooper et al.'s 1988 study in a college sample. Journal of Studies on Alcohol, 56(2), 186-193.

Fuqua, D., Leonard, E., Masters, M., Smith, R., Campbell, J., & Fischer, P. (1991). A structural analysis of the state-trait anger expression inventory. Educational and Psychological Measurement, 51, 439-446.

George, W., Frone, M., Cooper, M., Russell, M., & Windle, M. (1995). A revised alcohol expectancy questionnaire: Factor structure confirmation and invariance in a general population sample. Journal of Studies on Alcohol, 56(2), 177-185.

Graham, K., Leonard, K., Room, R., Wild, T., Pihl, R., Bois, C., & Single, E. (1998). Current directions in research on understanding and preventing intoxicated aggression Addiction, 93(5), 659-676.

Hassal, C., & Foulds, G. (1968). Hostility among young alcoholics. British Journal of Addictions, 63, 203-214.

Hillbrant, M., Foster, H., & Hirt, M. (1991). Alcohol abuse, violence, and neurological impairment: A forensic study. Journal of Interpersonal Violence 6(4), 411-422.

Horn, J., Warnberg, H., & Foster, F. (1986). The alcohol use inventory (AUI). Minneapolis, MN: National Computer Systems.

Hull, J., & Bond, C. (1986). Social and behavioral consequences of alcohol consumption and expectancy: A meta-analysis. Psychological Bulletin, 99, 347-360.

Karwacki, S., & Bradley, J. (1996). Coping, drinking motives, goal attainment expectancies and family models in relation to alcohol use among college students.

Journal of Drug Education, 26(3), 243-255.

Lang, A., Goeckner, D., Adesso, V., & Marlatt, G. (1975). Effects of alcohol on aggression in male social drinkers. Journal of Abnormal Psychology, 84, 508-518.

Lang, A., & Sibrel, P. (1989). Psychological perspectives on alcohol consumption and interpersonal aggression. Criminal Justice and Behavior, 16(3), 299-324.

Livingston, L. (1986). Measuring domestic violence in an alcoholic population. Journal of Sociology and Social Welfare, 13(4), 934-953.

Marlatt, G., & Rohsenow, D. (1980). Cognitive processes in alcohol use: Expectancy and the balanced placebo design. In N. Mello (Ed.), Advances in substance abuse: Behavioral and biological research (pp. 159-199). Greenwich, CT: JAI Press.

Moos, R. (1993). Coping response inventory – Adult form. Odessa, Florida: Psychological Assessment Resources, Inc.

Moos, R., Brennan, P., Fondacaro, M., & Moos, B. (1990). Approach and avoidance coping responses among older problem and nonproblem drinkers. Psychology and Aging, 5, 31-40.

Pernanen, K. (1993). Research approaches in the study of alcohol-related violence. Alcohol Health & Research World, 17(2), 101-107.

Rohsenow, D. (1983). Drinking habits and expectancies about alcohol's effects for self versus others. Journal of Consulting and Clinical Psychology, 51, 752-756.

Schwarz, R., Burkhart, B., & Green, S. (1978). Turning on or off: Sensation

seeking or tension reduction as motivational determinants of alcohol use. Journal of Consulting and Clinical Psychology, 46(5), 1144-1145.

Secretary of Health and Human Services. (1990). Seventh special report to the U.S. congress on alcohol and health. Washington, DC: U.S. Government Printing Office.

Sobell, M., & Sobell, L. (1973). Individualized behavior therapy for alcoholics. Behavior Therapy, 4, 49-72.

Spielberger, C. (1996). State – Trait anger expression inventory. Odessa, Florida: Psychological Assessment Resources, Inc.

Steele, C., & Josephs, R. (1988). Drinking your troubles away II: An attentional-allocation model of alcohol's effect on psychological stress. Journal of Abnormal Psychology, 97, 196-205.

Steele, C., Southwick, L., & Pagano, R. (1986). Drinking your troubles away: The role of activity in mediating alcohol's reduction of psychological stress. Journal of Abnormal Psychology, 95, 173-180.

U.S. Department of Justice, Bureau of Justice Statistics. (1998). Alcohol and crime: An analysis of national data on the prevalence of alcohol involvement in crime. Washington DC: U.S. Government Printing Office.

Van-Hasselt, V., Morrison, R., & Bellack, A. (1985). Alcohol use in wife abusers and their spouses. Addictive Behaviors, 10(2), 127-135.

Appendix A

PERSONAL INFORMATION

To allow us to explore fully the information gathered in these questionnaires, we would appreciate your answering the following demographic or background questions about yourself and your family on this page

Age: _____ YEARS

Primary Occupation: _____

Race or Ethnic Group (Please check one)

_____ NATIVE AMERICAN _____ WHITE
 _____ ASIAN OR PACIFIC ISLANDER _____ BIRACIAL
 _____ BLACK OR AFRICAN-AMERICAN _____ HISPANIC
 _____ OTHER (Please specify)

Marital Status (Please check one)

_____ NEVER MARRIED _____ MARRIED
 _____ DIVORCED _____ REMARRIED
 _____ OTHER (Please specify) _____ WIDOWED

Education: (Please check the highest level(s) of education you have completed)

_____ EIGHTH GRADE OR BELOW
 _____ SOME HIGH SCHOOL
 _____ HIGH SCHOOL DIPLOMA OR EQUIVALENT (GED)
 _____ SOME COLLEGE, VOCATIONAL SCHOOL OR ASSOCIATE'S DEGREE
 _____ BACHELOR'S DEGREE
 _____ SOME GRADUATE WORK OR MASTER'S DEGREE
 _____ LAW DEGREE
 _____ MEDICAL DEGREE
 _____ PH.D OR MORE THAN ONE MASTER'S DEGREE

Yearly Immediate Family Income:

(Please check one)

_____ \$0 - 9,999
 _____ \$10 - 19,999
 _____ \$20 - 29,999
 _____ \$30 - 39,999
 _____ \$40 - 49,999
 _____ \$50 - 74,000
 _____ \$75 - 100,000
 _____ \$100,000 +

Father's Education: (Please check the highest level(s) of education your father has completed)

_____ EIGHTH GRADE OR BELOW
 _____ SOME HIGH SCHOOL
 _____ HIGH SCHOOL DIPLOMA OR EQUIVALENT (GED)
 _____ SOME COLLEGE, VOCATIONAL SCHOOL OR ASSOCIATE'S DEGREE
 _____ BACHELOR'S DEGREE
 _____ SOME GRADUATE WORK OR MASTER'S DEGREE
 _____ LAW DEGREE
 _____ MEDICAL DEGREE
 _____ PH.D OR MORE THAN ONE MASTER'S DEGREE

Mother's Education: (Please check the highest level(s) of education your mother has completed)

_____ EIGHTH GRADE OR BELOW
 _____ SOME HIGH SCHOOL
 _____ HIGH SCHOOL DIPLOMA OR EQUIVALENT (GED)
 _____ SOME COLLEGE, VOCATIONAL SCHOOL OR ASSOCIATE'S DEGREE
 _____ BACHELOR'S DEGREE
 _____ SOME GRADUATE WORK OR MASTER'S DEGREE
 _____ LAW DEGREE
 _____ MEDICAL DEGREE
 _____ PH.D OR MORE THAN ONE MASTER'S DEGREE

Social and Economic Class of Immediate Family:

1 2 3 4 5 6 7
 Lower Middle Upper

Appendix B

2

1. Does drinking help you to feel more important?
 - a. No
 - b. Yes
2. Does drinking help you to be more alert mentally?
 - a. No
 - b. Yes
3. Do you drink to change your mood (drink when bored, angry, flat)?
 - a. No
 - b. Yes
4. Have you used alcohol to overcome physical pain?
 - a. No
 - b. Rarely
 - c. Sometimes
 - d. Often
5. Do most of your friends drink?
 - a. No
 - b. Yes
6. When you drink, do you usually drink alone?
 - a. No
 - b. Yes
7. Do you panic because you fear you may not have a drink when you need it?
 - a. No
 - b. Yes
8. When you drink, do you drink every day at about the same time?
 - a. No
 - b. Yes
9. When you drink, do you drink several days and then sober up for a period of time before drinking again?
 - a. No
 - b. Yes
10. Do you get belligerent or mean when you drink?
 - a. No
 - b. Yes, sometimes
 - c. Yes, usually
11. How long were you unemployed during the last year because of drinking?
 - a. Had a job throughout the year
 - b. Without a job for less than 1 month
 - c. Without a job for about 1 to 3 months
 - d. Without a job more than 3 months
12. As a result of being drunk, has your thinking been fuzzy or unclear?
 - a. No
 - b. Yes, but only for a few hours
 - c. Yes, for 1 or 2 days
 - d. Yes, for many days
13. Have you had a convulsion (fit) following a period of drinking?
 - a. No
 - b. Yes, once
 - c. Yes, several times
14. Have you had stomach pains or disruptions of digestion that continued for several days (4 days to over a week)?
 - a. No
 - b. Once or twice
 - c. Three or 4 times
 - d. Five or more times
15. When drinking, how much hard liquor (whiskey, vodka, gin) do you drink per day?
 - a. None
 - b. Up to 3 drinks
 - c. Up to 1/2 pint
 - d. Up to 1 pint
 - e. Up to 1 quart
 - f. More than 1 quart
16. Does your drinking cause hardships for your family and/or friends?
 - a. No
 - b. Yes
17. Have you used Antabuse* to help you to stop drinking?
 - a. No
 - b. Yes
18. Have recent notable events made you feel a need for help?
 - a. No
 - b. A little
 - c. Yes
 - d. Very much

Please go on to the next page.

19. When drinking, are you able to regulate or control the amount you drink?
- Usually (or do not drink)
 - Often
 - Sometimes
 - Rarely or never
20. Does drinking help you to overcome feelings of inferiority?
- No
 - Yes
21. Do you have better ideas when drinking?
- No
 - Yes
22. Do you drink to manage mood swings from periods of happiness to periods of despair?
- No
 - Yes
23. Have you used alcohol to deal with stomach/abdominal pain?
- No
 - Rarely
 - Sometimes
 - Often
24. Does your social life require you to drink?
- No
 - Yes
25. Do you do most of your drinking at home?
- No
 - Yes
26. Do you sneak drinks or hide bottles?
- No
 - Yes
27. Have you been drinking almost every day?
- No
 - For about the last 6 months or less
 - For more than the last 6 months
28. Do you go "on the wagon" (not drink at all) after a period of drinking?
- No, I drink a little most of the time.
 - Yes, I don't touch a drop between drinking periods.
29. Have you had blackouts ("loss of memory" without passing out) as a result of drinking?
- No, never
 - Sometimes
 - Often
 - Almost every time I drink
30. Has your marriage or a similar relationship broken up because of your drinking?
- No
 - Yes
31. As a result of drinking, have you seen things that were not there?
- No
 - Yes, once
 - Yes, several times
32. Have you had "shakes" when sobering up (hands tremble, shake inside, etc.) as a result of drinking?
- No
 - Yes, sometimes
 - Yes, almost every time I drink
33. Have you developed swelling or puffiness in your hands, feet, or other parts of body?
- No
 - Once or twice
 - Three or 4 times
 - Five or more times
34. When drinking, how much beer do you drink per day?
- None
 - Up to 3 cans
 - Up to 6 cans
 - Up to 10 cans
 - Up to 16 cans
 - More than 16 cans
35. Do you avoid talking to others about your drinking?
- No
 - Yes
36. Have you turned to religion to help you with your drinking problem?
- No
 - Yes

Please go on to the next page.

4

37. Have others "pushed" you to take treatment for a drinking problem?
- No
 - A little
 - Yes
 - Very much
38. Is drinking a problem for you at this time?
- Very much so
 - Moderately so
 - Somewhat
 - Not at all
39. Does drinking help you to overcome shyness?
- No
 - Yes
40. Do your ideas come more freely when you are drinking?
- No
 - Yes
41. Do you drink to relieve tension and stress?
- No
 - Sometimes
 - Often
42. Have you used alcohol to relieve cramps?
- No
 - Rarely
 - Sometimes
 - Often
43. Do you do most of your drinking at bars?
- No
 - Yes
44. Do you drink in a bar by yourself?
- Never
 - Occasionally
 - Often
 - Very often
45. Do you usually have a bottle by your bedside?
- No
 - Yes
46. Do you drink mainly on weekends, holidays, or days off?
- No
 - Yes
47. Do you drink heavily or get drunk on weekends, but not during the week?
- No, I don't drink this way
 - Occasionally
 - Often
 - Almost every weekend
48. How much did you drink the last time you drank?
- Enough to get high or less
 - Enough to get drunk
 - Enough to pass out
49. Have you been detained or jailed for public drunkenness?
- No
 - One or 2 times
 - Three or more times
50. As a result of drinking, have you heard "things" that were not there?
- No
 - Yes, once
 - Yes, several times
51. Do you often have hangovers on Sunday or Monday mornings?
- No
 - Yes
52. Have you experienced numbness or tingling in your hands (fingers) or feet (toes) that continued for a day or more?
- No
 - Once or twice
 - Three or 4 times
 - Five or more times
53. When drinking, how much wine do you drink per day?
- None
 - Up to 2 or 3 glasses
 - Up to 1 quart
 - Up to 2 quarts
 - Up to 3 quarts
 - More than 3 quarts
54. Are you worried that your drinking is occurring at times other than the times you are accustomed to drinking?
- No
 - Yes

Please go on to the next page.

55. Do you take tranquilizer pills to settle you down or to calm yourself?
- a. No
 - b. Yes
56. Would you like assistance with a drinking problem at this time?
- a. No
 - b. Perhaps
 - c. Surely
 - d. Very much so
57. Are you finding it difficult to live without alcohol?
- a. Very much so
 - b. Moderately so
 - c. Somewhat
 - d. Not at all
58. Does drinking help you get along with other people?
- a. No
 - b. Yes
59. Does drinking help you feel that you can reach higher goals?
- a. No
 - b. Yes
60. Do you drink to let down?
- a. No
 - b. Yes
61. Have you used alcohol to help you sleep?
- a. No
 - b. Sometimes
 - c. Often
 - d. Very often
62. Do you go to parties where there is drinking?
- a. No
 - b. About once a month
 - c. Two or 3 times per month
 - d. More than 3 times per month
63. When drinking with others, do you keep to yourself?
- a. No
 - b. Sometimes
 - c. Usually
 - d. Almost always
64. Do you drink throughout the day?
- a. No
 - b. Yes
65. Usually how much time is there between your periods of drinking—time when you don't drink at all?
- a. None, I drink steadily.
 - b. Less than a week
 - c. Up to a month
 - d. More than a month
66. Do you alternate between periods of heavy continuous use of alcohol and periods of little or no use?
- a. No
 - b. Yes
67. Have you passed out as a result of drinking?
- a. No
 - b. About once a year
 - c. Twice a year or more
68. Are you presently living alone as a result of drinking?
- a. No
 - b. Yes
69. Have you had weird and frightening sensations when drinking?
- a. No
 - b. Yes, perhaps once or twice
 - c. Yes, often
70. Do you get physically sick (vomit, stomach cramps, etc.) as a result of drinking?
- a. No
 - b. Sometimes
 - c. Almost every time I drink
71. In times when you have had little or nothing to drink, have you noticed that you were unsteady on your feet, having difficulty keeping your balance?
- a. No
 - b. Once or twice
 - c. Three or 4 times
 - d. Five or more times
72. Do you drink in the morning to relieve a hang-over?
- a. No
 - b. Yes, sometimes
 - c. Yes, almost every time I drink
73. Are you afraid your drinking is getting worse?
- a. No
 - b. Yes

Please go on to the next page.

6

74. Do you take medicine to help you sleep at night (such as sleeping pills or sedatives)?
- No
 - Yes
75. What is the maximum length of time you would be willing to stay in a treatment program if you could solve your drinking problem permanently?
- Twelve weeks or more
 - Four to 11 weeks
 - One to 4 weeks
 - No time at all (no problem)
76. Does your drinking interfere with fulfilling responsibilities to yourself or others?
- Very much so
 - Moderately so
 - Somewhat
 - Not at all
77. Does drinking help you to relax socially?
- No
 - Yes
78. Does drinking help you work better?
- No
 - Yes
79. Do you drink to forget?
- No
 - Yes
80. Have you used alcohol to relieve neck or back pain?
- No
 - Rarely
 - Sometimes
 - Often
81. Do you usually drink with the same people?
- No
 - Yes
82. Do you drink at home alone?
- No
 - Sometimes
 - Usually
 - Almost always
83. Do you carry a bottle with you or keep one close at hand?
- No
 - Sometimes
 - Often
 - Usually
84. How long do your periods of drinking usually continue?
- Less than a day
 - Two to 3 days
 - Four to 30 days (1 month)
 - More than a month
85. Have you had periods when you would not let yourself drink?
- No
 - A few times
 - Often
 - Many times
86. When you drink, do you stumble about, stagger, and weave?
- No
 - Sometimes
 - Often
87. Have you received a ticket for driving under the influence of alcohol or driving while intoxicated?
- No
 - Once
 - Two or 3 times
 - Four or more times
88. As a result of drinking, have you "felt things" crawling on you that were not there (bugs, spiders, etc.)?
- No
 - Yes, once
 - Yes, several times
89. As a result of drinking, have you felt your heart beating rapidly?
- No
 - Yes, once
 - Yes, several times
90. Have you had severe difficulty in swallowing (food or liquid)?
- No
 - Once or twice
 - Three or 4 times
 - Five or more times
91. When drinking, do you usually drink more than one kind of alcohol (for example, beer and hard liquor)?
- No
 - Yes

Please go on to the next page

92. Is the result of your drinking causing you to have noticeable fear?
- No
 - Yes
93. Have you ever had medical help to sober up?
- No
 - Once
 - Several times
94. How much is it worth to you to correct your drinking problem permanently?
- Not a thing (no problem)
 - As much as 1 week's income
 - One to 4 weeks' income
 - More than 4 weeks' income
95. Do you have a drinking problem?
- No
 - Perhaps (not sure)
 - Probably
 - Definitely
96. Does drinking help you to make friends?
- No
 - Yes
97. Are you able to recall events in the past better when you are drinking?
- No
 - Sometimes
 - Often
 - Very often
98. Do you frequently begin drinking because things pile up?
- No
 - Yes
99. Have you used alcohol to improve your sexual relations?
- No
 - Rarely
 - Sometimes
 - Often
100. Do you do most of your drinking with friends and acquaintances?
- No
 - Yes
101. Have you stayed in a room by yourself and drunk?
- Never
 - A few times
 - Many times
 - Very often
102. Do you drink during your workday?
- No
 - Yes
103. Do you usually keep yourself somewhat intoxicated throughout each day?
- No
 - Yes
104. Have there been times when you "fell off the wagon"—started drinking when you had planned to not let yourself drink?
- No
 - A few times
 - Often
 - Very often
105. Do you gulp drinks (drink quickly)?
- No
 - Yes
106. Have you missed work because of drinking during the past year?
- No
 - Yes, but not more than 2 or 3 times
 - Yes, about 4 to 10 times
 - Yes, more than 10 times
107. As a result of drinking, have you ever had delirium tremens or DTs (seen, felt, or heard things not really there)?
- No
 - Yes, once
 - Yes, several times
108. As a result of drinking, have you felt overly hot and sweaty (feverish)?
- No
 - Yes, once
 - Yes, several times
109. Have you ever coughed up blood or had blood in your stools?
- No
 - Once or twice
 - Three or 4 times
 - Five or more times

Please go on to the next page.

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110. After an evening of heavy drinking, do you usually have something to eat before going to bed?
- No
 - Yes
111. Are you usually depressed after a period of heavy drinking?
- No
 - Yes
112. In the last few months have you been attending AA (Alcoholics Anonymous)?
- No
 - Yes
113. Are you eager to change your drinking behavior?
- No
 - A little
 - Yes
 - Very eager
114. Are you able to regulate the times at which you drink?
- Rarely or never
 - Sometimes
 - Usually
 - Always or almost always
115. When drinking, do you feel better able to express your ideas and opinions?
- No
 - Yes
116. Does drinking help you to become more creative?
- No
 - Occasionally
 - Often
 - Very often
117. Do you start drinking to get over being depressed?
- No
 - Yes
118. Do you drink to relieve headaches?
- No
 - Sometimes
 - Often
 - Very often
119. Do you usually drink with a person of the opposite sex?
- No
 - Yes
120. What is your usual style of drinking?
- Don't drink
 - Drink alone
 - Drink alone or with one other
 - Drink with several people
121. Do you almost constantly think about drinking and alcohol?
- No
 - Yes
122. What is the longest period that you have gone without alcohol in the past 6 months?
- A week or less (0-6 days)
 - One to 2 weeks (7-14 days)
 - Three weeks to 2 months (15-60 days)
 - More than 2 months
123. Has a holiday or special occasion started you into drinking for a period of several days or more?
- No
 - A few times
 - Several times
 - Many times
124. Do you lose control over what you do when you are drinking?
- No
 - Yes
125. Have you ever taken the "geographic cure"—that is, moved from town to town or place to place in order to stop drinking and make a new start?
- No
 - Yes, perhaps once or twice
 - Yes, often
126. As a result of drinking, have you become confused about where you are, the time, or the day of the week?
- No
 - Once or twice
 - Three or 4 times
 - Five or more times

Please go on to the next page.

127. As a result of drinking, have you had loose bowels, diarrhea, or similar physical problems?
- No
 - One or 2 times
 - Three or 4 times
 - Five or more times
128. To your knowledge, do you have liver problems?
- No, or don't know
 - Yes, slight
 - Yes, moderate
 - Yes, severe
129. After taking 1 or 2 drinks, can you usually stop?
- Yes
 - Sometimes
 - No
130. Do you have vague fears and anxieties after a period of drinking?
- No
 - Yes
131. How many times have you received help for your drinking problem?
- Never
 - Once
 - Several times
132. Do you believe that your drinking problem can be corrected?
- No (or have no problem)
 - Perhaps (not sure)
 - Probably
 - Yes, surely
133. How often have you been drunk in public in the past 6 months?
- No times
 - One to 3 times
 - Four to 6 times
 - More than 6 times
134. Do you go out to drink in order to meet people?
- No
 - Yes
135. After a few drinks are you better able to put your thoughts into words?
- No
 - Occasionally
 - Often
 - Very often
136. Do you drink to get over being irritated or resentful?
- No
 - Sometimes
 - Often
 - Very often
137. Do you drink in order to have fun?
- No
 - Yes
138. Is drinking an important part of your getting together with people?
- No
 - Sometimes
 - Often
 - Very often
139. Do you drink alone?
- No
 - Sometimes
 - Usually
 - Almost always
140. Do you get a craving to drink?
- No
 - Sometimes
 - Often
 - Very often
141. During the last few months, approximately how many days per month did you drink?
- None
 - One to 7 days
 - From 8 to 20 days
 - Almost every day
142. Have there been times when the urge to drink drove you from being sober into a period of drinking for several days or more?
- No
 - A few times
 - Several times
 - Many times
143. With respect to blackouts (loss of memory).
- I have never had a blackout.
 - I have had blackouts that last less than an hour.
 - I have had blackouts that last for several hours.
 - I have had blackouts that last for a day or more.

Please go on to the next page.

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144. Have you lost a job because of drinking?
- No
 - Once
 - Two or 3 times
 - Four or more times
145. As a result of drinking, have you had a frightening dream when you thought you were awake?
- No
 - Once or twice
 - Three or 4 times
 - Five or more times
146. As a result of drinking, have you had the "inner shakes" (stomach tremors, jittery within)?
- No
 - One or 2 times
 - Three or 4 times
 - Five or more times
147. Have you experienced memory difficulties such as completely forgetting an appointment made earlier in the day?
- No
 - Once or twice
 - Three to 4 times
 - Five to 10 times
 - Almost every day
148. When drinking over a period of several days, do you.
- Eat regular meals
 - Eat occasionally
 - Eat nothing at all
149. Do you make excuses or lie to cover up your drinking?
- No
 - Yes
150. How many times have you entered a counseling or therapy program for a drinking problem?
- Never
 - Once
 - Two or 3 times
 - Three times or more
151. Do you believe you are likely to accept the advice and suggestions of an alcohol counselor?
- No (or do not need)
 - Perhaps (not sure)
 - Probably
 - Yes, surely
152. When drinking heavily, how much do you typically sleep during a 24-hour period?
- Seven to 8 hours or more
 - Five to 6 hours
 - Three to 4 hours
 - Less than 2 hours
153. When you are drinking, are you better able to relate your feelings and thoughts to the opposite sex?
- No
 - Yes
154. Does drinking help you think better?
- No
 - Occasionally
 - Often
 - Very often
155. Does drinking help you deal with your worries?
- No
 - Occasionally
 - Often
 - Very often
156. Do you encourage other people (such as your wife, husband, friends) to drink with you?
- No
 - Yes
157. Does your work put you in the position of being expected to drink?
- No
 - Sometimes
 - Often
 - Very often
158. When you find yourself alone, do you drink?
- Never
 - Sometimes
 - Often
 - Usually
159. Do you plan ahead to make sure you have alcohol on hand?
- No
 - Sometimes
 - Often
 - Very often
160. Do you drink in the morning, afternoon, and evening?
- No
 - Sometimes
 - Usually
 - Almost always

Please go on to the next page

161. Have you forced yourself to do without alcohol for several days or weeks?
- No
 - A few times
 - Several times
 - Many times
162. Do you tend to be physically harmful to other people when drinking?
- No
 - Yes
163. Over the last year, have you "called in sick" or been "half with it" at work because of drinking?
- No
 - One or 2 times
 - Three to 10 times
 - More than 10 times
164. As a result of drinking, have you become overly suspicious and mistrusting of others?
- No
 - Once or twice
 - Three or 4 times
 - Five or more times
165. As a result of drinking, have you had the "chills," felt cold, or broken out in the cold sweats?
- No
 - One or 2 times
 - Three or 4 times
 - Five or more times
166. As a result of drinking, have you lost your drive or ambition?
- No
 - Only slightly
 - To some notable extent
 - To a great extent
167. Have you ever broken out in small sores as a result of drinking?
- No
 - Yes
168. Do you have guilt or remorse after a drunk?
- No
 - Yes
169. Have you been hospitalized for alcohol problems?
- No
 - Less than 1 week
 - One to 2 weeks
 - Three or more weeks
170. Have you ever considered getting help with problems which you currently have, but put it off or changed your mind?
- Never
 - Once
 - Two or 3 times
 - Three or more times
171. Do you turn to a less socially accepted life when drinking?
- No
 - Yes
172. Does drinking help you to feel more confident in relating to others?
- No
 - Sometimes
 - Often
 - Very often
173. Does alcohol enable you to better perform particular tasks?
- No
 - Occasionally
 - Often
 - Very often
174. When drinking, do you become obviously a different person?
- No
 - Occasionally
 - Often
 - Very often
175. Are you usually happier when you are drinking?
- No
 - Yes
176. Do you show marked resentments when you drink?
- No
 - Yes
177. Do you resent others talking about your drinking?
- No
 - Yes
178. If you have not had a drink for several hours, do you feel an urge to have one?
- No
 - Sometimes
 - Often
 - Very often

Please go on to the next page.

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179. How would you describe your drinking over the last few years?

- a. Daily for 2 years or more
- b. Daily for 1 to 2 years
- c. Daily for over a part of the last year
- d. Have not drunk daily

180. Have there been periods when you have stayed drunk for several days at a time and then cut back to lesser amounts or stopped completely?

- a. No
- b. A few times
- c. Often
- d. Many times

181. Have you ever attempted suicide when drinking?

- a. Never
- b. Once
- c. Several times

182. Have you felt psychologically or physically dependent on or addicted to alcohol?

- a. No, not at all
- b. Possibly, but not certain
- c. Yes, probably
- d. Yes, definitely

183. Do you do things on the spur of the moment when drinking?

- a. No
- b. Sometimes
- c. Often
- d. Very often

184. As a result of drinking, have you had severe headaches?

- a. No
- b. One or 2 times
- c. Three or 4 times
- d. Five or more times

185. When you drink at a bar or party in the evening, how many drinks do you usually have before calling it a night?

- a. One or 2 drinks
- b. Three to 5 drinks
- c. Five or more drinks

186. Have you ever had a "dry drunk" (act or feel like you are drunk when you have had nothing to drink)?

- a. No
- b. Yes

187. Have you felt guilty or shameful because of drinking to excess?

- a. No
- b. Occasionally
- c. Often
- d. Very often

188. Have you seen a psychologist, psychiatrist, or alcohol counselor for alcohol problems?

- a. No
- b. One or 2 times
- c. Three to 10 times
- d. More than 10 times

189. Have you drunk hair tonic, shaving lotion, canned heat, or anything like these?

- a. No
- b. Yes

190. Have you been in a detoxification center to sober up?

- a. No
- b. Once
- c. Two or 3 times
- d. Four or more times

191. Does drinking help you to become more talkative and open with people?

- a. No
- b. Sometimes
- c. Often
- d. Very often

192. Does drinking help you to have fun and be happy?

- a. No
- b. Sometimes
- c. Often
- d. Very often

193. Does drinking help you deal with recurring feelings of grief (loss of a loved one)?

- a. No
- b. Occasionally
- c. Often
- d. Very often

194. Have you been drinking to handle disappointments in your life?

- a. No
- b. Occasionally
- c. Often
- d. Very often

Please go on to the next page.

195. When you are drinking, are your moods about the same as when you do not drink?
- No
 - Yes
196. When drinking, are you often very sad (for example, cry a lot)?
- No
 - Yes
197. Do you drink to help you go to sleep at night?
- No
 - Yes
198. Do you become critical or judgmental of people when drinking?
- No
 - Sometimes
 - Often
 - Very often
199. When drinking, have you smashed or broken objects?
- No
 - A few times
 - Several times
 - Often
200. When drinking, do you become irritated or agitated?
- No
 - Sometimes
 - Often
 - Very often
201. When drinking, have you broken the law (other than a driving offense)?
- No
 - One or 2 times
 - Three or 4 times
 - Five or more times
202. Has your drinking prevented you from maintaining a normal relationship with your relatives or close friends?
- No
 - Sometimes
 - Often
 - Very often
203. Have you had hangovers?
- No
 - Only mild, hardly noticeable
 - Bad but bearable
 - Dreadful, very severe
204. Which of the following best describes the main reason you completed this questionnaire?
- Mainly because it was required
 - Mainly because it was strongly recommended
 - Mainly because it was encouraged
 - Mainly because I wanted to do it myself
205. How frank and open have you been in answering the questions of this questionnaire?
- Open and frank on almost all items
 - Usually open and frank
 - Guarded on some items
 - Couldn't be open and frank
206. Did the questions you have been asked enable you to describe your use of alcohol?
- Yes, very well
 - Yes, moderately well
 - No, not very well
 - No, hardly at all
207. How accurate is the information you supplied in this questionnaire?
- Very accurate
 - Somewhat accurate
 - Rather inaccurate
 - Not at all accurate
208. If a person was unsure about how the information in this questionnaire was to be used, how would he or she have completed the questions?
- In a frank and open manner
 - In a somewhat open manner
 - In a somewhat guarded manner
 - In a very guarded manner
- Complete the following questions only if you have been living in a marriage or marriage-type situation within the past 6 months.
209. Has your drinking been a factor in marital difficulties?
- No
 - Yes
210. Did you have difficulties in your marriage before you started to drink?
- No
 - Yes

Please go on to the next page.

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211. Have changes in your wife or husband contributed to your drinking?
- No
 - Yes
212. Do you feel your spouse has been unfaithful?
- No
 - Yes, once
 - Yes, several times
213. Is your spouse too friendly with persons of the opposite sex?
- No
 - Yes
214. Is your spouse excessively jealous?
- No
 - Yes
215. Does your spouse regard you as overly jealous?
- No
 - Yes
216. Do you feel that your marital problems have caused you to drink?
- No
 - Yes
217. Do arguments or fights with your spouse lead to your drinking?
- No
 - Sometimes
 - Often
 - Very often
218. Have tensions in your marriage led to your drinking?
- No
 - Sometimes
 - Often
 - Very often
219. Do you drink because there is no love in your marriage?
- No
 - Sometimes
 - Often
 - Very often
220. Does your spouse get angry over your drinking?
- No
 - Yes
221. Do you get irritated when your spouse comments on your drinking?
- No
 - Yes
222. Do you argue with or belittle your spouse when you are drinking?
- No
 - Yes
223. Do you sometimes physically abuse your wife or husband when drinking?
- No
 - Yes
224. Does your spouse nag you about your drinking?
- No
 - Yes
225. When drinking, do you argue or fight with your spouse?
- No
 - Sometimes
 - Often
226. Have you had periods of separation from your spouse because of drinking?
- No
 - Once
 - Twice
 - Three or more times
227. Has your spouse complained because you have stayed out drinking?
- No
 - Sometimes
 - Often
 - Very often
228. When you drink, does your spouse become less attractive?
- No
 - A little
 - Yes
 - Very much

Appendix C

Part 1

This booklet contains questions about how you manage important problems that come up in your life. Please think about the most important problem or stressful situation you have experienced **in the last 12 months** (for example, troubles with a relative or friend, the illness or death of a relative or friend, an accident or illness, financial or work problems). Briefly describe the problem in the space provided in Part 1 of the answer sheet. If you have not experienced a major problem, list a minor problem that you have had to deal with. Then answer each of the 10 questions about the problem or situation (listed below and again on the answer sheet) by circling the appropriate response:

Circle "**DN**" if your response is **DEFINITELY NO**.

Circle "**MN**" if your response is **MAINLY NO**.

Circle "**MY**" if your response is **MAINLY YES**.

Circle "**DY**" if your response is **DEFINITELY YES**.

| | | | |
|-----------|-----------|-----------|-----------|
| DN | MN | MY | DY |
| DN | MN | MY | DY |
| DN | MN | MY | DY |
| DN | MN | MY | DY |

1. Have you ever faced a problem like this before?
2. Did you know this problem was going to occur?
3. Did you have enough time to get ready to handle this problem?
4. When this problem occurred, did you think of it as a threat?
5. When this problem occurred, did you think of it as a challenge?
6. Was this problem caused by something you did?
7. Was this problem caused by something someone else did?
8. Did anything good come out of dealing with this problem?
9. Has this problem or situation been resolved?
10. If the problem has been worked out, did it turn out all right for you?

Part 2

Read each item carefully and indicate how often you engaged in that behavior in connection with the problem you described in Part 1. Circle the appropriate response on the answer sheet:

Circle "N" if your response is NO, Not at all.

Circle "O" if your response is YES, Once or Twice.

Circle "S" if your response is YES, Sometimes.

Circle "F" if your response is YES, Fairly often.

| | | | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input checked="" type="radio"/> N | <input type="radio"/> O | <input type="radio"/> S | <input type="radio"/> F |
| <input type="radio"/> N | <input checked="" type="radio"/> O | <input type="radio"/> S | <input type="radio"/> F |
| <input type="radio"/> N | <input type="radio"/> O | <input checked="" type="radio"/> S | <input type="radio"/> F |
| <input type="radio"/> N | <input type="radio"/> O | <input type="radio"/> S | <input checked="" type="radio"/> F |

There are 48 items in Part 2. Remember to mark all your answers on the answer sheet. Please answer each item as accurately as you can. All your answers are strictly confidential. If you do not wish to answer an item, please circle the number of that item on the answer sheet to indicate that you have decided to skip it. If an item does not apply to you, please write **NA** (Not Applicable) in the box to the right of the number for that item. If you wish to change an answer, make an **X** through your original answer and circle the new answer. Note that answers are numbered across in rows on Part 2 of the answer sheet.

1. Did you think of different ways to deal with the problem?
2. Did you tell yourself things to make yourself feel better?
3. Did you talk with your spouse or other relative about the problem?
4. Did you make a plan of action and follow it?
5. Did you try to forget the whole thing?
6. Did you feel that time would make a difference—that the only thing to do was wait?
7. Did you try to help others deal with a similar problem?
8. Did you take it out on other people when you felt angry or depressed?
9. Did you try to step back from the situation and be more objective?
10. Did you remind yourself how much worse things could be?
11. Did you talk with a friend about the problem?
12. Did you know what had to be done and try hard to make things work?
13. Did you try not to think about the problem?
14. Did you realize that you had no control over the problem?
15. Did you get involved in new activities?
16. Did you take a chance and do something risky?
17. Did you go over in your mind what you would say or do?
18. Did you try to see the good side of the situation?
19. Did you talk with a professional person (e.g., doctor, lawyer, clergy)?
20. Did you decide what you wanted and try hard to get it?

21. Did you daydream or imagine a better time or place than the one you were in?
22. Did you think that the outcome would be decided by fate?
23. Did you try to make new friends?
24. Did you keep away from people in general?
25. Did you try to anticipate how things would turn out?
26. Did you think about how you were much better off than other people with similar problems?
27. Did you seek help from persons or groups with the same type of problem?
28. Did you try at least two different ways to solve the problem?
29. Did you try to put off thinking about the situation, even though you knew you would have to at some point?
30. Did you accept it; nothing could be done?
31. Did you read more often as a source of enjoyment?
32. Did you yell or shout to let off steam?
33. Did you try to find some personal meaning in the situation?
34. Did you try to tell yourself that things would get better?
35. Did you try to find out more about the situation?
36. Did you try to learn to do more things on your own?
37. Did you wish the problem would go away or somehow be over with?
38. Did you expect the worst possible outcome?
39. Did you spend more time in recreational activities?
40. Did you cry to let your feelings out?
41. Did you try to anticipate the new demands that would be placed on you?
42. Did you think about how this event could change your life in a positive way?
43. Did you pray for guidance and/or strength?
44. Did you take things a day at a time, one step at a time?
45. Did you try to deny how serious the problem really was?
46. Did you lose hope that things would ever be the same?
47. Did you turn to work or other activities to help you manage things?
48. Did you do something that you didn't think would work, but at least you were doing something?

Appendix D

Agree Disagree

- | | | |
|-------|-------|---------------------------------------------------------------------------------------------------------------|
| _____ | _____ | 1. Drinking makes me feel warm and flushed. |
| _____ | _____ | 2. Alcohol lowers muscle tension in my body. |
| _____ | _____ | 3. A few drinks make me feel less shy. |
| _____ | _____ | 4. Alcohol helps me to fall asleep more easily. |
| _____ | _____ | 5. I feel powerful when I drink, as if I can really make other people do as I want. |
| _____ | _____ | 6. I'm more clumsy after a few drinks. |
| _____ | _____ | 7. I am more romantic when I drink. |
| _____ | _____ | 8. Drinking makes the future seem brighter to me. |
| _____ | _____ | 9. If I have had a couple of drinks, it is easier for me to tell someone off. |
| _____ | _____ | 10. I can't act as quickly when I've been drinking. |
| _____ | _____ | 11. Alcohol can act as anesthetic for me, that is, it can stop pain. |
| _____ | _____ | 12. I often feel sexier after I've had a few drinks. |
| _____ | _____ | 13. Drinking makes me feel good. |
| _____ | _____ | 14. Alcohol makes me careless about my actions. |
| _____ | _____ | 15. Some alcohol has a pleasant, cleansing, tingly taste to me. |
| _____ | _____ | 16. Drinking makes me more aggressive. |
| _____ | _____ | 17. Alcohol seems like magic to me. |
| _____ | _____ | 18. Alcohol makes it hard for me to concentrate. |
| _____ | _____ | 19. I'm a better lover after a few drinks. |
| _____ | _____ | 20. When I'm drinking, it is easier to open up and express my feelings. |
| _____ | _____ | 21. Drinking adds a certain warmth and friendliness to social occasions for me. |
| _____ | _____ | 22. If I'm feeling tied down or frustrated, a few drinks make me feel better. |
| _____ | _____ | 23. I can't think as quickly after drinking. |
| _____ | _____ | 24. Having a few drinks is a nice way for me to celebrate special occasions. |
| _____ | _____ | 25. Alcohol makes me worry less. |
| _____ | _____ | 26. Drinking makes me less efficient. |
| _____ | _____ | 27. Drinking is pleasurable because it's enjoyable for me to join in with people who are enjoying themselves. |

PLEASE CONTINUE ON TO THE NEXT PAGE.....

Agree Disagree

- | | | |
|-------|-------|-------------------------------------------------------------------------------------------|
| _____ | _____ | 28. After a few drinks, I am more sexually responsive, that is, more in the mood for sex. |
| _____ | _____ | 29. I feel more physically coordinated after I drink. |
| _____ | _____ | 30. I'm more likely to say embarrassing things after drinking. |
| _____ | _____ | 31. I enjoy having sex more if I've had some alcohol. |
| _____ | _____ | 32. I'm more likely to get into an argument if I've had some alcohol. |
| _____ | _____ | 33. Alcohol makes me less worried about doing things well. |
| _____ | _____ | 34. Alcohol helps me sleep better. |
| _____ | _____ | 35. Drinking gives me more confidence in myself. |
| _____ | _____ | 36. Alcohol makes me more irresponsible. |
| _____ | _____ | 37. After a few drinks it is easier for me to pick a fight. |
| _____ | _____ | 38. A few drinks make it easier for me to talk to people. |
| _____ | _____ | 39. If I have a couple of drinks, it is easier to express my feelings. |
| _____ | _____ | 40. Alcohol makes me more interesting. |

Appendix E

Part 1 Directions

A number of statements that people use to describe themselves are given below. Read each statement and then fill in the circle with the number which indicates how you feel *right now*. Remember that there are no right or wrong answers. Do not spend too much time on any one statement, but give the answer which seems to *best* describe your *present feelings*.

Fill in ① for *Not at all*
Fill in ② for *Somewhat*

Fill in ③ for *Moderately so*
Fill in ④ for *Very much so*

How I Feel Right Now

1. I am furious.
2. I feel irritated.
3. I feel angry.
4. I feel like yelling at somebody
5. I feel like breaking things.
6. I am mad.
7. I feel like banging on the table
8. I feel like hitting someone.
9. I am burned up.
10. I feel like swearing.

Part 2 Directions

A number of statements that people use to describe themselves are given below. Read each statement and then fill in the circle with the number which indicates how you *generally* feel. Remember that there are no right or wrong answers. Do not spend too much time on any one statement, but give the answer which seems to *best* describe how you *generally* feel.

Fill in ① for *Almost never*
Fill in ② for *Sometimes*

Fill in ③ for *Often*
Fill in ④ for *Almost always*

How I Generally Feel

11. I am quick tempered.
12. I have a fiery temper.
13. I am a hotheaded person
14. I get angry when I'm slowed down by others' mistakes
15. I feel annoyed when I am not given recognition for doing good work.
16. I fly off the handle
17. When I get mad, I say nasty things
18. It makes me furious when I am criticized in front of others.
19. When I get frustrated, I feel like hitting someone.
20. I feel infuriated when I do a good job and get a poor evaluation.

Continued ►

Part 3 Directions

Everyone feels angry or furious from time to time, but people differ in the ways that they react when they are angry. A number of statements are listed below which people use to describe their reactions when they feel *angry* or *furious*. Read each statement and then fill in the circle with the number which indicates how *often* you *generally* react or behave in the manner described when you are feeling angry or furious. Remember that there are no right or wrong answers. Do not spend too much time on any one statement.

Fill in ① for *Almost never*
Fill in ② for *Sometimes*

Fill in ③ for *Often*
Fill in ④ for *Almost always*

When Angry or Furious...

21. I control my temper.
22. I express my anger.
23. I keep things in.
24. I am patient with others.
25. I pout or sulk.
26. I withdraw from people.
27. I make sarcastic remarks to others.
28. I keep my cool.
29. I do things like slam doors.
30. I boil inside, but I don't show it.
31. I control my behavior.
32. I argue with others.
33. I tend to harbor grudges that I don't tell anyone about
34. I strike out at whatever infuriates me.
35. I can stop myself from losing my temper.
36. I am secretly quite critical of others.
37. I am angrier than I am willing to admit.
38. I calm down faster than most other people.
39. I say nasty things.
40. I try to be tolerant and understanding
41. I'm irritated a great deal more than people are aware of
42. I lose my temper.
43. If someone annoys me, I'm apt to tell him or her how I feel
44. I control my angry feelings.

Appendix F

Dear Sir:

I am conducting a study to explore the effects of alcohol on human behavior under the supervision of R. Dale Smith. The data will be used in a year-long research project at Western Kentucky University. In this study, you will be asked to fill out four questionnaires. The procedure should take about two hours. Your participation in this study is voluntary, and you may withdraw at any time without prejudice. If you wish to withdraw, simply inform the researcher that you do not wish to continue. You may choose not to respond to any or all items on a questionnaire. All of your responses are confidential; only the researcher has access to the data. Please feel free to ask any questions about the study. If you would like to see a copy of the results of the study, inform the researcher, and a summary of the study will be forwarded to you.

I understand the study described above, and I am 18 years of age or older. I understand also that it is not possible to identify all potential risks in an experimental procedure, and I will believe that reasonable safeguards have been taken to minimize both the known and potential but unknown risks.

Signature of Participant

Date

Shauna L. Willard
Student Researcher
Department of Psychology
Western Kentucky University
(502) 745-2695

Date

R. Dale Smith, Ph. D.
Department of Social Work
Western Kentucky University
(502) 745-2321

Date

Appendix G

ALCOHOL AND VIOLENCE

The study you just participated in was looking at alcohol and its effects on violence. We are trying to see if those who engage in violence have different beliefs about what alcohol will do to them than those who do not engage in violence. It has been shown by researchers that alcohol impairs our ability to think about all the things we could think about if we were sober. This impairment includes making rational decisions concerning violence.

For example, say we have a man named, Rick. Rick decides to go to the local bar to have a few drinks. Well a few drinks turn into a few more until Rick is drunk. While Rick has been drinking he has also been watching the Kentucky basketball game. Rick is a huge Kentucky fan and has been cheering for them the whole game. Well, a guy sits down next to Rick and says Kentucky sucks. Rick, if he were sober would be able to tell that this comment was not directed toward him. But, because Rick is drunk he cannot use his full thinking ability and takes this comment to be a direct personal attack against him. So, Rick responds to this comment by punching the guy next to him and starting a fight with him. In this example, Rick was unable to think about all possible solutions for a problem and instead used violence.

People filled out questionnaires that looked at an aspect of the example given above about Rick. The first questionnaire the individuals did looked at how people cope with their problems. The second questionnaire looked at what people expected alcohol to do for them. This questionnaire was trying to see if individuals believe alcohol increases their power or aggression. The final questionnaire attempted to see how men deal with and express their anger. Do they keep their temper in check or are they more like Rick when it comes to expressing their anger.

We ask that you do not talk to anyone about the content of the questions you were asked. The reason for this is because we do not want anyone who may participate in the future to know what we are looking for. Sometimes, if a person knows what the researcher is looking for, they may change the way they answer the questions to help the researcher. We would like everyone to answer as honestly as possible, and in order to do this, he cannot know what the study is about. Do you have any other questions or concerns about the questionnaires? If you have any questions in the future, please contact one of the individuals listed on the informed consent. **THANK YOU VERY MUCH FOR PARTICIPATING!**