ALCOHOL ABUSE AND HOPELESSNESS SCORES IN YOUNG ADULTS

By

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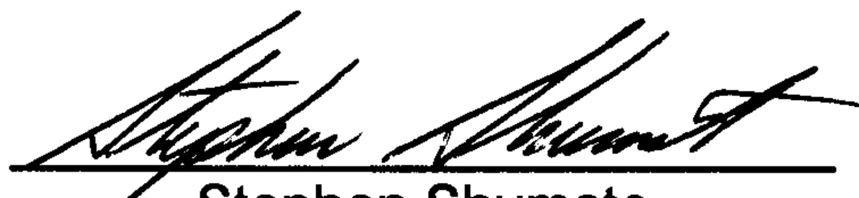
A Research Paper

Submitted in Partial Fulfillment of the
Requirements for the
Master of Science Degree
With a Major in

Guidance and Counseling-Mental Health
With an AODA Emphasis

Approved: 2 Semester Credits



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ABSTRACT

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Alcohol Abuse and Hopelessness in Young Adults
(Title)

Guidance and Counseling-Mental Health-AODA
(Graduate Major)

Dr. Stephen Shumate	August, 2001	43
(Research Advisor)	(Month/Year)	(No. of Pages)

American Psychological Association (APA)
(Name of Style Manual Used in this Study)

Alcohol abuse among college students is a problem has direct effects on young adults' personal, social, family, school, legal, and health status. Many suicide attempts involve alcohol, and individuals who have a history of severe alcohol abuse are at greater risk for suicide than the general population. The chronic and sedative effects of alcohol may have a direct effect on hopelessness in the college population. This study examines variance in hopelessness among young adults who differ in alcohol use. The relationship between hopelessness symptoms, as measured by the Beck's Hopelessness Scale (BHS), and young adult alcohol abuse may have ramifications for prevention, treatment, and relapse programming for young adult alcohol abusers.

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CHAPTER I

Introduction

After high school, young adults face challenging vocational and academic decisions. A significant part of the young adult population chooses to attend college and further their academic progress. For most, the idea of becoming a college student is exciting and challenging; they are finally becoming independent adults, without direct family rules in their daily lives.

The desire to fit in and belong to a group continues from adolescence to young adulthood. The college experience is a major transition for most people and adapting to its environment exerts dramatic pressure on young adults (Dimeff, Baer, Kivlahan, & Marlatt,1999). A common recreational activity among college students is drinking alcohol on the weekends, often to the point of intoxication. Older students encourage freshmen to join in and become part of their group with drinking initiations. “College students come under the influences of dormitory, fraternity, and sorority norms of alcohol and other drug use, which may differ markedly from the practices acceptable in their parents’ home” (Jung, 2001, p.196). Problems begin when students experience significant struggles in their lives due to their alcohol use. Some students abuse such large amounts of alcohol that they experience detrimental effects such as hangovers, memory impairment, and overall disorientation. Others become vulnerable to academic, legal, and health problems.

Alcohol abuse is increasing in college students. The potential for permanent damage concerns both counselors and others that are part of the students’ lives. In fact,

"according to the Carnegie Foundation for the Advancement of Teaching, alcohol consumption is seen as the greatest single problem that America's universities must address" (Ebel, 2001, p.1).

The longer that individuals abuse alcohol, the more likely they are to acquire depressive symptoms (Beck, Rush, Shaw, & Emery, 1979). A significant number of alcohol users report effects the day after a single night of heavy drinking; feeling 'down in the dumps' and 'having the blues, which are minor symptoms of depressive mood. This is due, in part, to the fact that alcohol is a depressant drug that significantly decreases central nervous system activity. "Central nervous system (CNS) depressants (also referred to as *sedative-hypnotics*) depress the overall functioning of the central nervous system to induce sedation, drowsiness, and coma" (Fischer & Harrison, 2000, p. 16). According to Coon (1998) the early warning signs of a drinking problem include drinking to relieve feelings of boredom, depression, anxiety, or inadequacy. This suggests that alcohol-related depressive symptoms can become a vicious cycle. Alcohol can contribute to depressive mood, and depression itself can lead to alcohol abuse.

In recent years, depressive symptoms among college students have become a major concern for mental health counselors in academic settings (Ebel, 2001). Depression usually reflects hopelessness symptoms, which in turn may promote a dangerous risk for suicide (American Psychiatric Association, 1996). Hopelessness, both a symptom and consequence of depression, includes a disregard for what the future holds, a lack of concern for ones health, and a negative perspective about any outcomes in life (Metalsky, & Joiner, 1992).

College students have an opportunity to increase their quality of life through higher education. Alcohol should not be the obstacle that impairs this development. This study will contribute information regarding the relationship between hopelessness and alcohol abuse in college students. Ramifications for prevention, treatment and relapse programming are discussed.

Statement of the Problem

The purpose of this research is to determine the level of difference in hopelessness scores as measured by Beck Hopelessness Scale in young adults who differ in alcohol use as measured by a self-report questionnaire.

Null Hypotheses

1. There is no statistically significant difference between hopelessness scores for young adults who abuse alcohol as compared to those who experience non-problematic use or no use of alcohol.
2. There is no statistically significant difference between male and female alcohol abusers and hopelessness scores.

Definition of Terms

The following is a list of definition of terms that will be utilized in this study.

Abstinence: Voluntarily refraining, especially from drinking alcoholic beverages.

Alcohol Abuse: Excess use of alcohol that may cause distress in many areas of a person's life.

Alcohol Use: The non-problematic use of alcoholic beverages in social situations.

Alcohol Dependency/Alcoholism: Chronic behavioral disorder manifested by repeated drinking of alcoholic beverages in excess of dietary and social uses of the community to an extent that interferes with the drinker's health or his social and economic functioning.

Depression: A state of deep despondency marked by apathy, emotional negativity, and behavioral inhibition.

Hopelessness: A system of cognitive schemas in which the common denominator is negative expectancy about the short-and long-term future.

Relapse: A recurrence of alcohol abuse after a period of improvement.

Suicidal Ideation: Recurrent thoughts of killing oneself.

CHAPTER II

Review of Literature

This chapter reviews the literature regarding the prevalence and implications of alcohol use among the college student population. The relationship between alcohol abuse and depression is established in a second section. A third section describes the connection between hopelessness and depression, and includes subsections on the relationship between hopelessness and suicide, and alcohol and suicide.

Prevalence of Alcohol Use Among College Students

"Concern over the issues of problem drinking and alcohol education programs in higher education has increased considerably in recent years" (Heck & Williams, 1995, p. 282). As alcohol consumption turns into alcohol abuse, the issue becomes a prime concern for mental health and substance abuse counselors, teachers, and parents. A review of studies conducted by Heck & Williams (1994) indicates that college student heavy drinking is a strong predictor for problematic drinking in later years. This study supports the hypothesis that college students who experience problematic drinking are more likely to become alcoholics as adults than students who are non-problematic drinkers. According to Dimeff, Baer, Kevlahan and Marlatt (1999) college counselors, administrators and health care providers have knowledge of the negative consequences associated with problem drinking in college students. Wechsler, Dowdall, Davenport, & DeJong (1996) noted that alcohol abuse is the most important problem that universities around the nation must address. Ebel (2001) offered this perspective:

> Despite the fact that only 54 percent of college students are of the legal drinking age, national studies have found that 90 percent of college students consume alcohol and 10 percent consume 15 or more drinks in an average week. Binge drinking (the consumption of five or more drinks in a single setting, one or more times in an average two week period) is of particular concern because students who drink to this level are much more likely to experience a variety of negative consequences over their non-binging peers (p.1).

Binge drinking has become an area of interest for many researchers due to its prevalence among the college population. Binge drinking is defined as the ingestion of five or more (four for women) alcoholic beverages in one sitting in the past two weeks (Wechsler et al., 1996; Ebel, 2000). In a study conducted by Wechsler et al., (1996), 140 colleges and universities around the nation agreed to participate in a survey about binge-drinking behaviors and consequences. Results suggest that binge-drinking students tend to have more negative life consequences than do non-binge drinkers. Forty four percent of the total students sampled were engaged in binge drinking. About 50 percent of respondents classified as binge drinkers engaged in the behavior with frequency, “where one in five students binge-drank three or more times in the past two weeks” (Wechsler et al., 1996, p.3). Forty nine percent of the binge drinking population indicated they had done something they later regretted while they were intoxicated with alcohol. Forty three percent reported having missed class due to their alcohol drinking patterns. Wechsler et al., (1996), provided the following viewpoint:

> As expected, the survey showed that a higher percentage of binge drinkers had experienced alcohol-related problems since the beginning of the school year than non-binge drinkers. Frequent binge drinkers had the most serious problems. For example, frequent binge drinkers were seven to 16 times more likely than non-binge drinkers to have missed class, gotten behind in their school work, engaged in unplanned sexual activity, not used protection when having sex, gotten in trouble with campus police, damaged property, or been hurt or injured (p. 5).

The findings of this study suggest that the prevalence of binge drinking in colleges is much higher than expected. Alcohol related problems due to binge-drinking patterns are an important concern.

The criteria for alcohol abuse, as stated by the Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR) of the American Psychiatric Association includes the following:

> Alcohol abuse is a maladaptive pattern of alcohol use that leads to significant impairment as presented by one (or more) of the following:
>
> a) recurrent alcohol use results in failure to cover responsibilities at school, work, home (e.g. absences due to being intoxicated or hung over);
>
> b) frequent use of alcohol in hazardous situations (e.g. driving under the influence);

c) recurrent legal problems due to the use of alcohol (e.g. arrests due to misconduct while intoxicated;

d) continued alcohol use even when social or interpersonal problems are present due to the effects of alcohol (e.g. marital arguments due to alcohol use) (p. 326).

An alarming number of college undergraduates use alcohol on a regular basis. According to Dimeff, Baer, Kivlahan & Marlatt (1999), in a survey conducted nationwide, 85 percent of undergraduate students have used alcohol in the past year. In addition, many students drink heavily and in a hazardous fashion. Students frequently find that binge-drinking behavior has negative consequences, such as legal violations due to misconduct while intoxicated with alcohol. Others struggle with health, academic, and other personal consequences due to alcohol abuse. National studies indicate that alcohol abuse among college students is directly correlated with suicides, injuries, physical violence, sexual aggression, vandalism, criminal activity, unsafe sexual behavior, and reduced academic performance (Ebel, 2001).

A study conducted by Ebel (2000) at the University of Wisconsin-Stout showed that the negative consequences of alcohol use at Stout tend to be higher than the national average. Forty six percent of the total UW-Stout respondents, as opposed to 29 percent of the total national respondents, reported arguments or fights as a consequence of their drinking or drug use. Fifty percent of UW-Stout respondents, compared to 31 percent of the total national respondents, reported a memory loss due to alcohol or other drug use. In an examination of the life-threatening situations related to alcohol abuse, this study revealed that 7.6 percent of the total respondents at Stout

had seriously considered suicide. This compares to 4.6 percent of the total national survey. Ebel (2000) states "…one must be struck by the high percentage of Stout students who experience serious, even life-threatening consequences as a result of their own use of alcohol and other drugs, or as a result of living in a heavy drinking environment" (p. 3). Both males and females displayed high levels of alcohol abuse.

Gender and Alcohol Abuse

Popular opinion often identifies men as the problematic drinkers while ignoring alcohol abuse among women. "The finding that women experience fewer alcohol-related problems than men may indicate only a lack of accurate measures of the problems women, as opposed to men, are likely to encounter" (Lo, 1996, p. 531). In a survey conducted by Wechsler et al., (1996) about the binge drinking patterns of college students, they found the following:

> Alcohol- related problems affected both sexes equally. Women binge drinkers reported experiencing roughly the same level of alcohol-related problems as men binge drinkers. There were two exceptions: men more often reported damaging property and getting in trouble with the police (p.5).

In a study conducted by Lo (1996) at two universities, a questionnaire was administered in several introductory classes. The questionnaire assessed the frequency of alcohol consumption, quantity, duration of drinking episodes, and alcohol related problems. Alcohol-related problems were divided into gender-neutral, male-type and

female-type problems. Although findings suggest that women drink alcohol in smaller amounts than men, they experience a significant amount of alcohol-related problems as well. Fifty six percent of female respondents have vomited after drinking as compared to 59 percent of males. Forty five percent of female respondents reported problems with concentration due to their alcohol use, compared to 52 percent of males. Thirty seven percent of female respondents experienced feelings of depression as opposed to 34 percent of male respondents with the same consequence. Six percent of female respondents indicated experiencing thoughts of suicide compared to 8 percent of male respondents. Women experience many of the same alcohol-related consequences as do men.

A study conducted by Wechsler & McFadden (1979) suggested that men ingest alcohol more often and in larger quantities than women, with one third of men falling in the classification of frequent heavy drinkers in comparison with one tenth of women. Body size, alcohol metabolism and social attitudes toward drinking may have a direct influence on why women tend to drink less than men. However, college women do not seem to be exempt from the negative consequences that alcohol abuse brings. In Ebel’s (2000) UW-Stout study, 18 percent of the female respondents reported having been taken advantage of sexually while intoxicated. Forty six percent of the females, as opposed to 48 percent of males, reported having an argument or fight due to their drinking. Two percent of females, the same as male respondents, reported having a serious suicide attempt. These numbers indicate the seriousness of alcohol abuse in females as well as males. It is pertinent to note that females, as well as males, in the

above studies report significantly high levels of depression in relation to their alcohol intake.

Alcohol Abuse and Depression

Alcohol abuse often coincides with depression. This is referred to often as a *dual diagnosis*; a diagnostic conclusion that includes a primary and a secondary illness. In alcohol abuse and dependence it is common to see a connection with depression. According to Beck, Wright, Newman and Liese (1993) “mood disorders are a frequent concomitant of substance disorders… It is important to be aware of the presence of depression: first, because it may be a profound source of suffering for a given patient; second, because it reduces the prognosis for recovery from substance abuse...” (p. 226).

Murphy & Wetzel, (1990) opine that comorbidity of alcohol abuse and other illnesses is common. The most common psychiatric disorder that accompanies alcohol abuse is major depression. “Major depression was one and one half times more frequent in alcoholics than non-alcoholics” (Murphy & Wetzel, 1990, p.390). Worden (1990) presents the following standpoint on the matter:

> Depression is a common feature of all chemical dependency. The euphoria and carefree feelings induced by alcohol and other drugs always end. And there’s always a period of mental and physical depression following the period of intoxication (p. 1).

In a study conducted by Williams & Adams-Campbell (2000), subjects under investigation were given the Centers for Epidemiologic Studies Depression Scale (CES-D) to assess depressive symptoms. The researchers asked subjects to describe their drinking patterns. They found that the more the subjects drank, the more likely they were to suffer from depressive symptoms. “CES-D scores differed significantly according to level of alcohol consumption. Subjects who typically drank five or more drinks per occasion had higher mean CES-D scores than light drinkers” (Williams & Adams-Campbell, 2000, p. 51). These findings show a significantly high relationship between alcohol abuse and depression.

According to Beck, Rush, Shaw, & Emery (1979) the more extended the period of alcohol abuse in individuals, the more likely they are to acquire symptoms of depression. Tolerance does not develop until larger quantities of alcohol are ingested. Tolerance and depressive symptoms often develop together (Worden, 1990).

Alcohol is a sedative-hypnotic drug that induces sedation and drowsiness, and in some cases, coma (Fischer & Harrison, 2000). Individuals who are developing a drinking problem may be ingesting alcohol to relieve feelings of boredom, depression, anxiety, or inadequacy (Coon, 1998). Alcohol may be viewed as a substance that alleviates negative affect, including symptoms of depression (Kassel, Jackson & Unrod, 2000). However, it lasting effects may be the opposite. According to Doweiko (1999) many people who suffer from depression seem to be unaware that, even though alcohol numbs the depressive mood, it actually contributes to the very depression people try to escape from in the first place.

Bongar (1992) indicated that when an individual develops a depressive illness it is further complicated by alcohol abuse. In fact, alcohol may be implicated as a primary cause of clinical depression in chronic users (Doweiko, 1999). In addition, alcohol may be perpetuating depression in subjects that have abused alcohol for a long time. Many individuals who are diagnosed with alcohol dependence develop depression as a result as a result of the chronic effects of alcohol (Doweiko, 1999). This is an indicative of how depressive symptoms and alcohol abuse can become a vicious cycle, where the alcohol can cause depressive mood, and depression can lead to alcohol abuse.

Depression also tends to be caused by factors other than alcohol. Individuals often become depressed after an loss, which in turn can exacerbate alcohol abuse problems (Beck et al., 1993). “Personal losses also occur through legal, financial and medical problems associated with use” (Beck et al., 1993, p.231). These depression-causing issues are also indicative of how college students might suffer depression after obtaining legal fines such as DWIs, underage drinking violations, public disturbance violations, etc. When facing consequences, individuals might desire to numb negative feelings such as grief, sadness, shame and guilt with alcohol (Kassel, Jackson & Unrod, 2000). The losses can exacerbate both depression and alcohol abuse.

In a section called *Hiding Depression*, Worden (1990) states that the reasons to conceal, deny and cover-up despair instead of reaching out for help include having feelings of shame, guilt, fear of rejection, fear of being labeled as “crazy”, loneliness and hopelessness. Beck et al., (1993) stated that depressed individuals who suffer from substance abuse display a common negative cognitive triad, which includes negative views of themselves, their immediate life situation, and their future (hopelessness). This

negative triad seems directly related to drug use, where individuals who present alcohol or drug abuse often present find themselves having these thoughts (Beck et al., 1993). Negative cognitions and emotional states establish the relationship between depression and hopelessness.

Depression and Hopelessness

Everyone experiences sadness from time to time. In fact, these feelings are perfectly normal during difficult life transitions. “Distressing emotions such as sadness, anger and fear are a natural part of life” (Worden, 1990, p.1). However, being sad and ‘down in the dumps’ continuously can be an overwhelming feeling for people. When the sadness is excessive and has gone beyond a reasonable period of grief and loss, an individual’s life may turn obscure and hard to handle. If individuals cannot resolve this state of being overwhelmed, and it begins to affect other areas of their life, they may fit the criteria for clinical depression.

Depression feeds on loss, resentment, and pain of the past. It denies any room for hope and relief in the future. “Depression is truly a disorder of the whole person, affecting our bodies, our thinking, our emotions and our spirits” (Worden, 1990). According to the American Psychiatric Association (1996), the negative mental and physical states of depression follow the affected individual night and day, appear to have no end, and are not eased by happy events or good news.

Depression has several symptoms that encompass the illness. The Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR) describes the criteria for a major depressive episode as follows:

Five (or more) of the following symptoms have been present during the same two-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressive mood or (2) loss of interest or pleasure.

1. Depressed mood most of the day indicated by feelings of sadness, emptiness and the observations made by others (appears tearful).
2. Diminished interest or pleasure in all or most activities most of the day.
3. Significant weight loss when not dieting or weight gain, or decrease or increase in appetite most of the day.
4. Insomnia or hypersomnia nearly every day.
5. Psychomotor agitation or retardation nearly every day.
6. Fatigue or loss of energy nearly every day.
7. Constant feelings of worthlessness or excessive or inappropriate guilt.
8. Diminished ability to think or concentrate, or indecisiveness, nearly ever day.
9. Recurrent thoughts of death, recurrent thoughts of suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide (p. 326).

The National Institute of Mental Health (N.d.) lists the most common symptoms, which include the following:

- Persistent sad, anxious, or “empty” mood
- Feelings of *hopelessness*, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex.

- Insomnia, early morning awakening, or oversleeping.
- Decreased energy, fatigue, being “slowed down”
- Thoughts of death or suicide, suicide attempts
- Difficulty concentrating, remembering, making decisions
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain(p.2).

In addition to the above list of symptoms and criteria, the American Psychiatric Association- APA (1996) adjoins the following:

- Noticeable change of appetite
- Feelings of worthlessness
- Feelings of inappropriate guilt
- Melancholia (excessive sadness or grief)
- Disturbed thinking (p.2).

The APA also includes ‘persistent feelings of hopelessness’ in their original list of depressive symptoms. When hopelessness arises, the person begins to distort reality by pessimistic thinking. He or she may be convinced that the negative situation will not improve and will probably get worse. Metalsky and Joiner (1992) have indicated that hopelessness involves the following cognitions:

a) attributing bad events to unavoidable and far-reaching causes,
b) drawing negative conclusions about the self from a negative event, and
c) assuming one event will lead to others in the future (p.3).

These cognitive perspectives, when combined with high stress, are associated with depression (Metalsky and Joiner, 1992). Individuals who experience hopelessness often display a careless way of living. They may plainly renounce life or develop profound cynicism because of the perception that life has little to offer (Bongar, 1992).

Beck et al.,(1993) list negative self-concept cognitions in depressed individuals, which include the following: ‘I am a failure’ and ‘I am trapped’, among others. Negative cognitions of the future in depressed individuals include, ‘If I try something, it won’t work out’; ‘I am hopeless’; ‘Things can only get worse’; ‘I will never be able to stop using’ and, ‘I don’t deserve anything better in life’. These cognitions indicate how depression directly affects people’s views about themselves and their future. They tend to lose motivation and hope, and may begin to contemplate ending their lives.

When hopelessness is present in depressed individuals, they are more prone to think about death and suicide. Pervasive hopelessness can cause people to give up and seek to stop the pain by killing themselves. According to Doweiko (1999), depression is directly associated with a high risk for committing suicide. The American Psychiatric Association (1996) offers the following facts:

> Many doctors think depression is the illness that underlies the majority of suicides in our country. Suicide is the eight leading cause of death in America; it is the third leading cause of death in people ages 15 to 24. Every day 15 people aged 15 to 24 kill themselves. One of the best strategies for preventing suicide is the early recognition and treatment of the depression that so often leads to self-destruction (p.3).

According to the scholarly literature, depression precedes suicide in most cases. Hopelessness, a component and symptom of depression, provides a potential predictive link between depression and suicide.

Hopelessness and Suicide

Hopelessness is a system of cognitive schemas in which the common denominator is negative expectancy about the short-and long-term future. According to Westefeld, Range, Rogers, Maples, Bromley & Alcorn (2000), hopelessness is a symptom of suicidal ideation and possibly a better predictor of suicide risk than depression itself. From a cognitive perspective, depressed and suicidal individuals are relatively more hopeless, perfectionistic and irrational in their beliefs. They also tend to be less future oriented, which is related to the hopeless and helpless states they present. Beck et al., (1993) offered this perspective:

> Individuals who see themselves as trapped in a situation over which they have no control, believe that they are helpless or socially undesirable, and can see only a wall of difficulties and disappointments ahead are likely to (1) feel sad, (2) express pessimism about the future (hopelessness), (3) consider suicide as the only solution, (4) experience a subjective loss of energy, (5) lose motivation to attempt any constructive activity ("because it is useless and I will only fail"), and (6) lose satisfaction from sex, eating or other formerly pleasurable activities (p.227).

Beck et al.,(1979) describe how depressed patients express suicide intent. These statements include: 'There is no point to living. I have nothing to look forward to'; 'I just can't stand life. I can never be happy'; and, 'I am feeling so miserable this is the only way I can escape'. All of these comments are directly related to the sense of hopelessness. Suicide appears to be the most attractive solution to patients' problems. They view themselves as trapped in a painful place where the only solution is to kill the pain by ending their lives. Hopelessness is at the core of suicidal wishes.

Alcohol and Suicide

Individuals with suicidal ideation and suicide attempts report more alcohol use than individuals who are not suicidal. According to Murhpy & Wetzel (1990), for people who abuse alcohol in the United States, the lifetime risk of suicide is 60 to 120 times higher than the general population.

Several studies suggest that suicide and alcohol are closely related. According to Hoffman (2000), suicide is more prevalent among individuals who suffer from depression and/or alcohol abuse. One study examined the drinking patterns in individuals who had attempted suicide via self-poisoning. It indicated that nearly one-half of the patients reported having used alcohol 12 hours prior to the poison ingestion (U.S. Department of Health and Human Services, 1997).

A study conducted by Borges & Rosovsky (1996) assessed suicidal patients for alcohol levels in an emergency room. Their findings suggest that the larger the amount of alcohol ingestion, the greater the risk of suicide in these patients. Results indicated that alcohol consumption prior to a suicide attempt is a great predictor of this self-

destructive behavior. “Our preliminary findings could suggest that a disinhibitory mechanism caused by excessive alcohol consumption prior to the event may have a stronger influence on the occurrence of a suicide attempt than does a long-term alcohol induced mood-disorder mechanism” (Borges & Rosovsky, 1996, p. 547).

Another study, found that alcohol consumption and perceived family dysfunction were primary predictors for suicide among adolescent girls aged 13 to 18. Through a self-report survey, researchers found a relationship between alcohol consumption and suicidal behavior. The subjects reported having used alcohol at the same time of the suicide attempts. The researchers suggested that alcohol consumption might increase the likelihood of suicidal behavior among the subjects under study, perhaps through its effects on judgment, mood and impulsive behavior (U.S. Department of Health and Human Services, 1997). As stated by Westefeld et al.,(2000), “Alcohol and drugs exacerbate the problem of suicide” (p. 452), because they induce sedative effects on the brain and may disinhibit the person to the point of displaying careless behavior.

The sedative effects of alcohol impair cognition, which may disinhibit suicidal ideation in individuals. The individual who is unable to discern between reality and the effects of alcohol may “restrict attention to immediate situations, inhibit the ability to solve current problems, and to limit hope for the future” (Westefeld et al., 2000, p. 453).

The rise of suicide rates among young adults in the recent past and the alarming high levels of alcohol abuse in this age group are evident as more studies emerge in the AODA field. Alcohol and other drug abuse among college students tend to be present with suicide. In a study conducted by Ebel (2000) at the University of Wisconsin-Stout, two percent of both males and females reported that, while abusing alcohol or drugs,

they had seriously tried to commit suicide. This is double the national average of one percent.

Apart from having a larger incidence of suicide while intoxicated with alcohol, individuals who abuse this substance are also more prone to suffer from chronic depression and consequently to end their lives during sober periods (Worden, 1990). The euphoric and disinhibiting feelings induced by alcohol always stop when the effects wear off. Individuals then have to face reality, which includes mental and physical states of depression (Worden, 1990). Murphy & Wetzel (1990) reported that abstinence from alcohol does not always alleviate suicidal ideation. In fact, if abstinent individuals continue experiencing the symptoms of depression, they are more likely to experience suicidal ideation and, therefore, an imminent attempt (Murphy & Wetzel, 1990). Depression usually accompanies hopelessness feelings and with it the possibility of suicide tends to be higher. Compounded by the consequences of disinhibited behavior while intoxicated and the lasting effects of chronic alcohol abuse, it seems safe to suggest that alcohol and other drugs, hopelessness and depression potentiate the risk of suicidal ideation and suicidal behavior. These issues demand attention for the possible ramifications for prevention, treatment, and relapse programming for alcohol abusing college students.

CHAPTER III

Methodology

This chapter describes the subjects involved in this study and how they were selected for this project. In addition, the instruments used to collect and measure information are described regarding their content, validity, and reliability. Data collection and analysis procedures are also included. This chapter concludes with several methodological limitations.

Description of Subjects

The subjects of this study included 117 male and female undergraduate students, ages 18 to 25 attending the University of Wisconsin-Stout. Students were identified and divided into alcohol use (non-problematic) and alcohol abuse (problematic) groups for analysis.

Sample Selection

The assignment of subjects to groups was determined based upon self-reported alcohol use. One group, composed of 84 individuals, was selected based on reported problematic drinking using the DSM-IV criteria for alcohol abuse. The other group included 33 undergraduates reporting abstinence or non-problematic use of alcohol on a self-report questionnaire.

Instrumentation

This study used the Beck Hopelessness Scale (BHS), a 20-item instrument that measures the extent of negative attitudes about the future as perceived by young adults. A self-report questionnaire developed by the researcher was used to obtain demographic data, drinking patterns, and a classification of alcohol abuse or non-problematic use. This instrument also assessed if suicidal ideation was present. The classification of alcohol abuse was made in question #5. Each of the four statements was taken directly from the DSM IV-TR criteria for alcohol abuse. Any statement answered ‘yes’ automatically classified the subject as ‘alcohol abuser’.

Reliability.

Internal consistency. Beck & Steer (1993) indicated that the means, standard deviations and corrected correlations of the 20 items in the BHS were divided in seven samples. The Kuder-Richardson test indicated that the reliabilities for each sample were: a) suicide ideators- .92; b) suicide attempters- .93; c) alcoholics- .91; d) heroin addicts- .82; e) single-episode Major Depression Disorders- .92; f) recurrent-episode major Depression Disorders- .92; and g) Dysthymic Disorders- .87. These numbers suggest that the BHS maintains a high level of consistency within all the samples.

Test-retest. A sample of 21 patients in the Center for Cognitive Therapy was tested at the intake evaluation and then one week before therapy, with a test-retest score of .69 ($p < .001$). Another sample of 99 patients at the same center scored .66 ($p < .001$) in the test-retest (Beck & Steer, 1993).

Item analysis. The BHS items are dichotomus, which means that each item is scored as 0 or 1. If each item is multiplied by 100, the number indicates the percentage

of subjects choosing hopelessness represented by that item. There was a great variation in percentages between the samples where, for example, only 8% of alcoholics scored positive on hopelessness in item #1, whereas 68% of recurrent-episode Major Depression patients did (Beck & Steer, 1993).

Validity.

Content validity. Most items in the BHS were chosen from a large number of statements made by patients who described future expectancies in both depressive and non-depressive states. Each statement was then carefully reviewed by clinicians for face validity and comprehensibility, and then included in the instrument (Beck & Steer, 1993).

Concurrent validity. Two samples were used to compare the correlations of the BHS with the clinical ratings of hopelessness. One sample consisted of general medical practice and the second one included patients who had attempted suicide recently. The correlations were the following: a) .74 ($p < .001$) in the general medical practice sample; and b) .62 ($p < .001$) (Beck & Steer, 1993).

Discriminant validity. The BHS does not necessarily discriminate different diagnoses in patients. However, some disorders have been identified in relation to the final scores, such as Major Affective Disorders (MAD) and Generalized Anxiety Disorders (GAD). The MAD group had higher mean BHS scores than the GAD one (Beck & Steer, 1993).

Other data suggests that it is fairly simple to discriminate between psychiatric patients and college students. Psychiatric patients scored significantly higher in the BHS than college students (Beck & Steer, 1993).

Construct validity. The BHS was constructed to study hopelessness in psychiatric patients who were at risk of committing suicide. Several studies suggest that there is a higher relationship between hopelessness and suicide than between depression and suicide. Hopelessness appears to be a more reliant predictor of suicide intent than depression. The BHS has also been used to study the relationship between suicidal ideation and intention in at-risk populations for suicide, such as substance abusers (Beck & Steer, 1993).

Predictive validity. The BHS has been found to be useful in predicting the suicide intent in individuals. Research findings indicate that patients who have committed suicide had significantly high scores in the BHS suggesting that the predictive value remains elevated (Beck & Steer, 1993).

In addition, participants responded to a self-report questionnaire that assessed problematic, non-problematic and no use of alcohol in young adults. Problematic use of alcohol was determined by a ‘yes’ answer to any of alcohol abuse criteria of the DSM IV-TR included in the questionnaire. Suicidal ideation was assessed by asking if the individuals have experienced thoughts of suicide, its frequency and how recent.

Data Collection

The researcher asked subjects to sign consent forms indicating their approval as subjects for study. The researcher then administered the Beck Hopelessness Scale

(BHS) and the self-report questionnaire. Subjects were given instructions to complete both instruments, beginning with the self-report questionnaire and finishing with the BHS without having to write their name in either instrument. The researcher collected the instruments from each subject assuring that both instruments belonged to a specific and single subject by assigning a code number to each one. Data was collected in the spring of 2001 from undergraduate students at the University of Wisconsin-Stout.

Data Analysis

The data was analyzed to determine the level of difference in hopelessness scores as measured by the BHS in young adults who differ in alcohol use and abuse as measured by the self-report questionnaire. The BHS was scored by summing the keyed responses of hopelessness for each of the 20 items. The items indicative of hopelessness received a scored of 1. The scores indicative of non-hopelessness received a score of 0. The total of responses were added with 20 being the maximum. The general guidelines for interpretation are 0 to 3 within the minimal hopelessness range, 4 to 8 mild hopelessness, 9-14 moderate, and greater than 14, severe hopelessness (Beck & Steer, 1993).

To test the hypotheses the researcher used the BHS and the self-report questionnaire. For the first null hypothesis, a T-Test for independent sample means was used, which analyses the alcohol abuse group's hopelessness in relation to the non-problematic or non-alcohol users. In other words, for any two groups tested with the same instrument, both samples can be compared.

For the second hypothesis, a T-Test for independent sample means was used also. Both gender groups compared were identified as alcohol abusers using DSM IV-TR criteria.

Limitations

The methodology may contain the following limitations:

1. The subjects may be dishonest in answering the Beck Hopelessness Scale and/or the alcohol use questionnaire.
2. Subjects may not be true representation of the population.

CHAPTER IV

Results

This chapter discusses the results of the current study, which has investigated the relationship between hopelessness scales, as measured by the Beck Hopelessness Scale (BHS), and alcohol abuse among young adults. In addition, this chapter presents demographic data to facilitate the description of the sample.

Demographics

There were a total of 117 participants in this study. Of this total 46.2 percent were males (54) and 53.8 percent (63) were females. Twenty nine percent of respondents (34) were 20 years old; 27.4 percent (32) were 19 years old; 17.1 percent (20) were 21 years old; 13.7 percent (16) were 18 years of age; 6.8 percent (8) were 23 years old; 4.3 percent (5) were 22 years of age; and 1.7 percent (2) were twenty-four years old.

The majority of the participants were freshman in college with 35 percent (41) of the total. Thirty one percent (37) of the respondents were sophomores; 22.2 percent (26) were juniors; and 11.1 percent (13) were seniors in college.

Ninety four percent (110) of the respondents indicated being Caucasian in their ethnic background; 1.7 percent (2) indicated being Asian American; and 0.9 percent (1) indicated being multi-racial. Three percent (4) of respondents did not indicate their ethnic background on the questionnaire.

For marital status, most of the participants in this study indicated they were single with 89.7 percent (105) of the total. One point seven percent (2) indicated being married and 8.5 percent of the participants did not indicate their martial status.

As part of the demographic data gathered, individuals were asked to indicate the frequency and amount of alcohol intake. Items 1 to 4 in the Alcohol Use Survey (see Apendix A) were used to indicate this pattern among participants. Twenty eight percent (33) of respondents indicated they had drank alcohol the night prior to answering the survey; 58.1 percent (68) of respondents indicated they drink every week; 45.3 percent (53) stated they drink six or more drinks per occasion; and 29.9 percent (35) of respondents indicated they drink 16 or more alcoholic beverages per week.

To establish whether a subject was an alcohol abuser or a non-problematic alcohol user, this study used the DSM IV-TR (2000) criteria of alcohol abuse. If respondents answered yes to any of the sub-items in question #5 (see Apendix A), they were automatically considered alcohol abusers. Seventy one percent (84) respondents qualified as alcohol abusers and 29 percent (33) were non-problematic users according to the DSM IV-TR criteria.

The group classified as alcohol abusers had 59.5 percent (50) males and 40.5 (34) percent of females as opposed to the non-problematic/non-user group, which had 12.1 percent (4) males and 87.9 percent (29) females. The abuser group had 41.7 percent (35) freshman students, 28.6 percent (24) sophomores, 22.6 percent (19) juniors, and 7.1 percent (6) seniors. The non-problematic/non-user group had 18.2 percent (6) freshman students, 39.4 percent (13) sophomores, 21.2 percent (7) juniors, and 21.2 percent (7) seniors.

As indicated in the review of literature, binge drinking has been defined as 5 or more alcoholic beverages consumed in one setting (4 drinks for females). The alcohol abuser group had 60.2 percent (50) respondents who indicated that they drink six or more alcoholic beverages per occasion. Only 11.5 percent (3) of the non-problematic/non-user group indicated that they consume more than six drinks per setting.

From the alcohol abusers group, 20.8 percent (16) of respondents indicated they have experienced thoughts of suicide compared to the non-problematic users, which had a 12.5 percent (4). The alcohol abuser group indicated that they experience thoughts of suicide bimonthly (12.5 percent) and twice per year (43.8 percent). Ten point seven percent of respondents from the alcohol abuser group indicated they had attempted suicide. This compares to 6.1 percent of non-problematic users, who answered positively to this question as well. Thirty three percent of the alcohol abusers group indicated that the attempt of suicide had occurred under the influence of alcohol.

Statistical Analyses and Their Relationship to the Null Hypotheses

The research objective of this study was to determine whether there is a relationship between alcohol abuse and hopelessness scores as indicated by the Beck Hopelessness Scale. The following data was related to the independent t-tests and address the null hypotheses.

Alcohol abuse and BHS hopelessness scores.

Hypothesis #1 dealt with the difference between hopelessness scores, as measured by the Beck Hopelessness Scale (BHS), for young adults who abuse alcohol

as compared to those who experience non-problematic use or no use of alcohol. It was hypothesized that there would be no statistically significant difference in BHS scores between young adults who abuse alcohol as compared to those who do not use alcohol or are non-problematic users. The mean BHS score for the alcohol abuse group, based on an N of 84, was 2.70 (SD=2.51), while the mean score of non-problematic users or non-users, based on an N of 33, was 1.91 (SD=2.47). There was only a slight and non-significant difference between these two groups. Therefore, the null hypothesis could not be rejected (see Table 1).

TABLE 1
Relationship Between Alcohol Abuse/Non-Problematic Use and BHS Hopelessness Mean Scores Using the T Statistic for Independent Samples.

Respondent Abuses Alcohol Yes/No	N	BHS mean	Std. Deviation	St. Error Mean	t
No	33	1.91	2.47	.43	-1.545
Yes	84	2.70	2.51	.27	

Df=115

Gender, alcohol abuse and hopelessness scores.

Hypothesis #2 dealt with the difference between male and female alcohol abusers and hopelessness scores. It was hypothesized that there would be no statistically significant difference in BHS hopelessness scores between male and female subjects who were classified as alcohol abusers. The mean score of male alcohol abusers, based on an N of 50, was 2.90 (SD=2.55). This was not significantly different when compared to the mean score for female alcohol abusers which, based on an N of 34, was 2.41 (SD=2.46). Therefore, the null hypothesis could not be rejected (see Table 2).

TABLE 2
Comparison of Male and Female Alcohol Abusers and BHS Hopelessness Score Means Using the T Statistic for Independent Samples.

Gender of Respondent	N	BHS Mean	Std. Deviation	St. Error Mean	t
Male	50	2.90	2.55	.36	.873
Female	34	2.41	2.46	.42	

Df=82

CHAPTER V

Discussion

Summary of Findings

The current study examined the relationship between alcohol abuse in young adults and hopelessness scores, as measured by the Beck Hopelessness Scale. This relationship was investigated by computing the participants' scores of the Beck Hopelessness Scale (BHS), and comparing them with each group according to alcohol use patterns (alcohol abusers vs. non-problematic/non-users). It also examined differences between genders of the alcohol abuse group in regards to BHS mean scores. In this final chapter, the research results have been summarized, limitations have been reported and recommendations for future studies have been presented.

As indicated in the previous chapter, the results of this study did not support the stated hypotheses. The differences in BHS mean scores between alcohol abuse and non-abuse groups, and between alcohol-abusers by gender were not significant and no larger than minimal by BHS standards. However, the differences in BHS scores between the two groups (alcohol abusers vs. non-problematic/non-users) were notable if the number of items checked for hopelessness is taken into consideration. Many respondents who were classified as alcohol abusers tended to respond positively to hopelessness items, compared to the non-problematic/non-users group, who, in general, responded negatively to the hopelessness items of the BHS. Twenty nine percent of alcohol abusers' total score on the BHS ranked either on the mild or moderate standards (refer to Chapter III, Data Analysis for an explanation of the

standards). This percentage is compared to 12 percent of non-problematic/non-users, who ranked in the same standards of either mild or moderate.

It is also pertinent to note that 20.8 percent of respondents from the alcohol abuser group had experienced thoughts of suicide, as opposed to 12.5 percent of the non-problematic/non-user group. Hopelessness is a symptom of suicidal ideation.

Limitations

There are several possible reasons that may have contributed to the non-significant results in this study. The most notable limitation in the current research is that the respondents may have been dishonest in answering the Beck Hopelessness Scale and/or the questionnaire. In order to conceal their real patterns of alcohol use, or hopelessness cognitions, subjects my have not answered truthfully to either instrument.

Other limitations relate to questions regarding sample generalizability. Although noteworthy with respect to the approximately equal representation of men and women, the sample in this study may not be representative of the larger population of college students who abuse alcohol or are non-problematic/non-users.

Also, sample size, particularly of non-abusers, may have limited the results obtained in this study.

Recommendations for Future Studies

The results of this study do not support a significant statistical difference in mean hopelessness scores between alcohol abusers and non-problematic users, which may signify that hopelessness and alcohol abuse are not related after.

This researcher recommends that this study be replicated with a larger sample, particularly in the non-problematic/non-user group. It should also be conducted at several universities around the nation in order to obtain more accurate data.

The Beck Hopelessness Scale could be used comparing a population in current treatment with a non-abuse population in order to assess whether hopelessness is actually directly related to alcohol abuse. Other comparisons may include differences within the same gender in alcohol abuse and non-abuse.

Students at risk of committing suicide, with hopelessness as possible contributing factor, need immediate treatment, and alcohol abuse should be assessed in order to provide the necessary supportive treatment. Millions of students who struggle with alcohol abuse and suicide ideation go unnoticed, and therefore untreated, every year often resulting in lifelong behavioral and psychological problems. By gaining a better understanding of how alcohol abuse may relate to hopelessness, mental health and alcohol abuse counselors may be better prepared to aid these individuals in obtaining help more suited to their individual needs.

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APENDIX A

ALCOHOL USE SURVEY

Instructions: Please answer the following questions accurately as they apply to you. ***This information is kept strictly anonymous***. Thank you for your participation!

Age ______________ **Gender** M F
Marital Status ______________ **Year in School** ________________
Race/Ethnicity ________________

A drink is defined as: 10 to 12 ounces of beer, four to five ounces of wine, a 12-ounce wine cooler, or one to one and a quarter ounces of distilled spirits.

If you do not drink, skip to question #5.

1. When was the last time you drank?

Last night ____ Two days ago ____ A week ago ____ A couple of weeks ago _____
A month ago _____ More than two months ago _____

2. How often do you usually drink?

Every day ____ Every week ____ Every two weeks ____ Every month ____

3. Number of drinks per occasion:

0 to 1 ____ 2 to 3 ____ 4 to 5 ____ 6 or more ____

4. Number of drinks per week (on average):

0 to 2 _____ 8 to 10 ____ 12 to 15 ____ 16 or more ____

5. Have you ever experienced any of the following related to drinking in the past?

- Failed to fulfill major obligations at work, school or home Yes No
- Driven a vehicle under the influence of alcohol Yes No
- Legal problems due to drinking (fines, underage violations, etc.) Yes No
- Continue use of alcohol even when problems have been present Yes No

6. Have you ever experienced thoughts of suicide? Yes No

If yes, please indicate the frequency

Daily _____ Weekly_____ Monthly _____ Bimonthly _____ Twice/year _____

7. Have you ever attempted suicide? Yes No

If yes, did it occur when you were drinking or under the influence of alcohol?

Yes No