The relationship between personality, drinking motives and alcohol; a mediational model¹

Madeleine Johansson & Mikaela Lindroth

Örebro University

Abstract

Some people develop problematic alcohol consumption. Explanations for this have been proposed by the mediating influence of drinking motives on the relationship between personality and alcohol use. The purpose of this study was to test whether such a mediating model can be applied to a Swedish population. Students (N=383) in Sweden answered a questionnaire about personality, drinking motives, alcohol consumption and alcohol-related problems. Mediation analysis was done to see whether drinking motives could mediate the relationship between personality and alcohol outcomes for men and women. The results showed that four paths of personality, drinking motives and alcohol can be found in a Swedish population by using this mediational model. However, the model showed different paths for men and women.

Keywords: Personality, drinking motives, alcohol consumption, alcohol-related problems.

¹Psychology C, Spring 2014. Supervisor: John Barnes
Relationen mellan personlighet, dryckesmotiv och alkohol; en medierande modell

Madeleine Johansson & Mikaela Lindroth

Örebro universitet

Sammanfattning


Handledare: John Barnes
Psykologi C
VT2014
The relationship between personality, drinking motives and alcohol; a mediational model

Alcohol is often one of the major factors when people are celebrating someone or something, around holidays and in social gatherings. Johansson (2008) argues that the alcoholic drink has become a part of the social everyday life of people in Sweden and it is consumed in public more often today than before. The normative drink has come to the point that people often have to apologize for not choosing to drink alcohol, that an apology is necessary, for example that one is driving or is pregnant.

Alcohol consumption is known to affect health in several standings. It is a psychoactive substance which may induce dependence and the development of alcohol-related problems, such as impaired self-control, chronic health problems and interpersonal problems, which is not just something that causes damage to the individual, but also for the environment with the impact on family and society (World Health Organization, 2014). The alcoholic drink can thus bring an increased risk of negative consequences for those who drink alcohol, which can develop into problems in the everyday life. To drink 16 cl of alcohol for women and 20 cl for men at one occasion is what can be classified as harmful for one’s health (Statens Folkhälsoinstitut, 2014). However, the development of alcohol-related problems have been shown to be a risk factor for young people even when controlling for how much alcohol they drink (Hradilova, 2006). Conversely, studies show that young people do not perceive their alcohol use as problematic or harmful for the future (Abrahamson, 2004; Heldmark, 2005). Yong people rather worry about things that are happening here and now, so as to oversleep for school or work, to get a rough hangover or of making fools of themselves.

From the knowledge that alcohol consumption is a risk factor for the development of alcohol-related problems, it is important to know what people there are who chooses to drink
alcohol to such an extent that they may later experience social or personal problems. By examining which people it is posing a risk group, you can give them the ability to prevent the development of bad health and problems related to alcohol consumption (Folkhälsoinstitutet, 2002). The question then is why do people drink? And who is at risk of falling into an unhealthy consumption of alcohol and even experience alcohol-related problems?

**Personality and alcohol outcomes**

There are several individual factors shown to be a contributing factor to people’s consumption of alcohol. Past experiences, how one’s body reacts to the substance of alcohol, the sociocultural environment and personality are examples of factors that may affect people’s alcohol consumption (Cox & Klinger, 1988). Personality is an individual factor that has received attention for its relationship to alcohol for a long time. For example, Eysenck & Eysenck (1985) argued that depending on the individual's personality, he or she will engage in risky health behavior, such as the use of alcohol, to find some satisfactory emotional state. For instance, extrovert people who are energetic, sociable and active sensation seekers use alcohol and other substances in order to raise their level of arousal. Introverted and neurotic (emotionally unstable) people, on the other hand, turn to alcohol and other substances to decrease their internal level of arousal, for example the level of tension and distress.

Looking at people’s personality opens for the possibility to answer to the question of why people drink alcohol. Despite the fact that we all have an individual personality, there are common personality traits of all people (McCrae & Costa, 2008). Therefore, models of personality, such as the Five-Factor Model of Personality, allows for the opportunity to study the personality's relationship to various alcohol outcomes by organizing the personality in a general model that applies to all people (Smith, 2006). They can provide the tools needed for
understanding the similarities and differences among those who turn to alcohol for various reasons.

The Five-Factor Model of Personality describes personality based on five domains, or personality traits; Neuroticism (N), Extraversion (E), Openness to experience (O), Agreeableness (A) and Conscientiousness (C) (Costa & McCrae, 1992). By measuring and characterizing people along the Big Five, you can give a sketch of an individual's relatively stable patterns of feelings, thoughts, and experimental and interpersonal styles that form the basis of personality (McCrae & Costa, 2008). The Five-Factor Model of Personality is a widely used trait theory in psychological research as its model shows universality across nations, age, gender, and through self-reports and peer ratings (McCrae & Costa, 2008) and there are several instruments for measuring these personality traits (John, Naumann & Soto, 2008).

Research shows that the various personality dimensions of the Five-Factor Model of Personality are related to how much alcohol people drink, but also to various alcohol-related problems, such as being arrested or getting into trouble when intoxicated (Ruiz, Pincus & Dickinson, 2003; Hopwood, et al., 2007). In particular, the traits of low conscientiousness and high neuroticism have shown to be predictors of greater levels of alcohol consumption and alcohol-related problems (Ruiz, Pincus & Dickinson, 2003). In other words, people who score low on conscientiousness (those who find it difficult to resist distractions and temptations, who do not think before action, and who is laid-back and not driven by goals (Costa & McCrae, 1992)) show a trend towards a high and hazardous drinking. Even people who score high on neuroticism (who are not emotionally stable, who often experience feelings involving negativity and who easily gets nervous (Costa & McCrae, 1992)) are more inclined to drink high amounts of alcohol.
So for the purpose of examining the personality as a way of explaining people’s alcohol consumption, there are theories and research that gives support for the fact that different personalities have different drinking habits. However, further theory and research also shows that personality cannot directly explain people’s alcohol use; explanations for why some people have certain alcohol patterns should instead be examined with regard to the individual's motivation to drink alcohol (Cooper, 1994; Cox & Klinger, 1988).

**Motives to drink and alcohol outcomes**

According to Cox & Klinger’s Motivational Model of Alcohol use, peoples motivation for consuming alcohol is “the final common pathway” (Cox & Klinger, 1988, p.168) between several individual factors, such as personality, experiences and expectancies, and their influence on alcohol use. The model argues that the motivation one has for consuming alcohol can be explained as a product of these individual factors, and the result is what the individual might expect about the affective effects of taking a drink when compared to not taking a drink. These expected effects are either to obtain positive outcomes or to avoid negative outcomes. Further, the source of the expected effects are either internal, to expect a change in one's emotional state, or external, to expect a change in/of the social environment. People can then for example either have the motivation to drink alcohol in order to regulate one’s negative feelings (coping), to reinforce positive experiences and emotions (enhancement), to receive a positive response from the environment (social), or to adapt to others (conformity).

The Motivational Model of Alcohol Use argues that the two internal drinking motives (coping and enhancement) are more strongly related to the amount of alcohol people drink, how often they drink and also to alcohol-related problems, when compared to the external motives (Cooper, 1994). The internal motives have been shown to be more stable over time and over
different situations when compared to the external motives, which are more influenced by factors in the situation, such as if others drink or not (Cooper, 1994). And in fact, research shows that enhancement is the strongest predictor of high alcohol consumption, and that coping is the strongest predictor of alcohol-related problems both with and without regard to the amount that is consumed (Cooper, 1994; Kuntsche, Knibbe, Gmel & Engels, 2006; Merrill & Read, 2010).

However, the impact of coping motives on peoples drinking patterns, and problems it may lead to, shows that people who drink to regulate negative emotional states in fact both drink more and less alcohol, and that there is not a clear relation to alcohol-related problems (Grant et al., 2007). The motive of coping in interweaves distinctly different affects which the individual might seek to regulate in the same motive, and this is problematic in the sense that it has shown ambiguous results when examining why people drink (Grant, Stewart, O'Connor, Blackwell & Conrod, 2007). The relationship’s ambiguous results has in further examination been shown to depend on what kind of affect that the individual intends to regulate, that is, if for example it is about managing low mood and depression or anxiety (Grant et al., 2007; Merrill & Read, 2010). This problematic role of coping is the background for the development of the Modified Drinking Motives Questionnaire Revised (Modified DMQ-R, Grant et al., 2007). The Modified DMQ-R is a further development of Cooper’s original Drinking Motives Questionnaire Revised (the DMQ-R, Cooper, 1994) and measures the Motivational Model of Alcohol Use with five categories of motives, in which coping is divided into coping-depression and coping-anxiety to better manage the complex contents of why someone uses alcohol as coping strategy (Grant et al., 2007). In fact, the results of an evaluation of the Modified DMQ-R reveal that people who drink alcohol to cope with low mood and depression have different patterns of alcohol outcomes than those people who intend to regulate feelings of anxiety. For example, people with coping-depression...
motives tend to drink higher amounts of alcohol and also more frequent than people who drink to handle anxiety emotions (Grant et al., 2007). So for the purpose of explaining why people develop risky alcohol patterns with drinking motives, it is important to take consideration to which emotional state the individual is trying to regulate.

**Personality, drinking motives and alcohol outcomes – a mediational model**

Three personality traits in the Five-Factor Model of Personality (neuroticism, extraversion and conscientiousness) have been shown to have different relationships to patterns of alcohol use, and that these traits are also related to the internal motives for why people drink alcohol (Stewart & Devine, 2000). This finding has been the core for why some studies have attempted to further seek the explanation of why some people drink the way they do by combining the Five-Factor Model of Personality and the Motivational Model of Alcohol Use. This has been done on the basis of both the DMQ-R and the Modified DMQ-R (Kuntsche et al., 2006; Mezquita, Stewart & Ruiperez, 2010; Stewart, Loughlin & Rhyno, 2001). A way to explain this combined model is that drinking motives can be understood as a third factor that influences, or mediates, the relationship between personality and alcohol outcomes (Field, 2013). That is to say that the relationship between people’s personality and their alcohol use can be explained by which motives they have for drinking alcohol.

**Enhancement mediation.** It has been found in previous research that enhancement motives mediates the relationship between high extraversion and alcohol use (Kuntsche, von Fisher & Gmel, 2008) and alcohol-related problems (Mezquita et al., 2010). Enhancement motives also mediates the relationship between low conscientiousness and alcohol use (Kuntsche et al., 2008; Stewart et al., 2001) and alcohol-related problems (Mezquita et al., 2010). In other words, enhancement motives, that people drink to enhance positive emotional states, appears to
be a link in the explanation for why people who score high on extraversion or low on conscientiousness to have increased alcohol use and alcohol-related problems.

**Coping mediation.** Coping motives in the DMQ-R has shown a mediating effect on the relationship between low conscientiousness and alcohol use (Kuntsche et al., 2008). Coping also appears to be the link between high neuroticism and alcohol use (Kuntsche et al., 2008) and drinking problems (Stewart et al., 2001). However, as argued by the Modified DMQ-R, when coping is separated into two distinctly different motives, the results are different. It has been shown that it is coping-depression motive that has a mediating effect on the relationship between high neuroticism and alcohol-related problems (Mezquita et al., 2010). The Modified DMQ-R also shows that it is coping-anxiety motives that have a mediating effect on the relationship between low conscientiousness and alcohol-related problems (Mezquita et al., 2010). This supports the idea about a five-factor model of alcohol use in Modified DMQ-R (Grant et al., 2007), where to put it differently, the role of coping depends on which affect the individual wants to regulate by taking a drink.

Taken together, the mediational model (summarized in Figure 1), where drinking motives mediates the relationship between peoples personality and alcohol use, might better explain why people drink the way they do, in comparison to other attempts with different theoretical explanations for the role of personality and drinking motives.

**Unanswered questions in the area**

The universality of the personality traits in the Five-Factor Model of Personality (Costa & McCrae, 1992) and of the motives people have for drinking in the Motivational Model of Alcohol Use (Cox & Klinger, 1988; Cooper, 1994) suggest that the patterns of relations between personality, drinking motives and alcohol outcomes that have been previously demonstrated
Figure 1. The mediational model of the relationship between personality, the Modified DMQ-R drinking motives and alcohol outcomes.

(Kuntsche, 2006; Mezquita et al., 2010; Stewart et al., 2001) should be cross-cultural. However, drinking behaviors vary culturally (World Health Organization, 2014) and therefore so might the relationships between personality, drinking motives and alcohol consumption.

Sweden has a different drinking pattern in contrast to the drinking patterns sight in the countries (Canada, Spain and the Netherlands) who previously have examined the role of drinking motives when explaining why some people tend to develop problematic alcohol use. The Swedes drink on average less alcohol than the other countries when measured in liters of pure alcohol per capita per year (World Health Organization, 2014). However, the statistics also shows that when Swedes drink, they tend to drink higher amounts of alcohol at every occasion, which is to say that they binge drink more often than all the other countries. In fact, Swedes binge drink three times as much as people in the Netherlands (World Health Organization, 2014). The aim is therefore to test if the relationships found between personality, drinking motives and alcohol use in the mediational model based on The-Five Factor Model of Personality and the Modified DMQ-R are the same in Sweden.
The study on individual differences in alcohol use based on the Five-Factor Model of Personality has overall been shown very little interest in Sweden. To our knowledge, only one, non peer-reviewed, study has examined the link between personality and alcohol use on a Swedish sample (Lindeberg, 2012). The results showed that the personality trait openness was negatively related to high consumption and alcohol-related problems, but that no other relation was significant, which differs from the results that earlier foreign studies have concluded (Ruiz et al., 2003; Hopwood et al., 2007). To this date no study has examined how the personality traits in the Five-Factor Model of Personality are related to people’s alcohol use and alcohol-related problems in a Swedish context with respect to the mediational link of drinking motives.

A mediational model for examining the relationship between personality and alcohol use based on the Modified DMQ-R has only been done once, in Spain (Mezquita, et al., 2010). Based on the previous ambiguous results from the DMQ-R and that coping therefore might better be explained when modified, this study aims to use the Modified DMQ-R on a Swedish sample.

When the aim is to help people to not develop bad health and problems related to alcohol consumption, it is important to focus on the group of people who show a risk of that development (Folkhälsoinstitutet, 2002). Alcohol consumption in Sweden reach the highest levels among young people aged 20-34 years (Statistiska Centralbyrå, 2007). Students, who in Sweden are on average between 22-25 years old (Högskoleverket, 2012) is a frequently studied group and studies show that Swedish students have a high consumption of alcohol and that they also show a generally high risk of developing a harmful alcohol use (Andersson, Johnson, Berglund & Öjehagen, 2007). Students also report that they see alcohol as a normative part in the student culture (Andersson, Johnson, Berglund & Öjehagen, 2007; Bullock, 2004), just as it is described as a cultural part of the everyday life of Swedes (Johansson, 2008). This study will
therefore be made on Swedish students to test whether the mediational model can be applied in a Swedish population.

**Research question and hypotheses**

Given the universality of the models examined (Cooper, 1994; Costa & McCrae, 1992; Cox & Klinger, 1988); it is generally expected that similar patterns of personality, drinking motives and alcohol will be found in Sweden. Therefore, we want to examine if the motives for drinking alcohol have a mediating effect on the relationship between personality and alcohol consumption/alcohol-related problems in the same way as in previous studies. This will be examined through a quantitative cross-sectional study on Swedish students. Since we do not know if or how the results will differ from previous studies in other cultures, therefore we will test hypotheses predicted by the mediational model to see if we can replicate the same patterns of results as previous studies. These are;

Coping-depression motives will have a mediating effect on the relationship between high neuroticism and alcohol-related problems. Coping-anxiety motives will have a mediating effect on the relationship between high neuroticism and alcohol-related problems. Coping-anxiety motives will have a mediating effect on the relationship between low extraversion and alcohol-related problems. Enhancement motives will have a mediating effect on the relationship between high extraversion and alcohol consumption. And finally, enhancement motives will have a mediating effect on the relationship between low conscientiousness and alcohol consumption.

Some gender differences in the model were found in Mezquita et al.’s study (2010), however there was not enough material for further analysis. As previous studies have not highlighted gender differences in the model we choose, on the basis of Mezquita et al. (2010), to have gender differences as an exploratory question, which we choose to analyze if the results
indicate such.

Method

Participants

Participants were recruited by convenience sampling and they were 521 college students from 19 colleges and universities in Sweden. Of the 521 participants, 19% did not complete the whole survey and were excluded from the analyses. Of the remaining 423 participants, 9.46% reported that they do not drink alcohol and were therefore excluded from the analyses. The final sample consisted of 383 participants (36% men and 64% women). The mean age was 23.5 years.

Measures

The first page of the survey included a presentation of the study, its purpose and information about voluntary and anonymous participation. The survey consisted of a battery of self-report measures on personality, drinking motives and alcohol outcomes, containing 100 questions, see Appendix.

Demographics. Participants indicated their gender ("Are you male or female?"), their gender identity ("male or female") and their age ("How old are you?").

Personality. The Big-Five Inventory (BFI) was used to measure the five personality dimensions of the Five-Factor Model of Personality. BFI represents the core of the Five-Factor Model of Personality and is designed to give a short measure scale of the personality dimensions (John et al., 2008). BFI has shown reliability with Cronbach's alpha above .75 and adequate convergent validity when compared to other Big-Five instruments (John et al., 2008; Schmitt, Allik, McCrae & Benet-Martinez, 2007), which is considered to be acceptable psychometric properties (Christensen, Johnson, & Turner, 2011).

In this study, a Swedish translation by Claesson, Person & Akriami (Zakrisson, 2010) of
the BFI was used. It has showed reliability with a Cronbach's alpha from .73 to .84 (Zakrisson, 2010), which is considered to be acceptable psychometric properties (Christensen et al., 2011).

BFI is a test consisting of 44 items in which participants may indicate on a 5-point Likert scale ranging from 1 (disagree strongly) to 5 (strongly agree) how well each statement applies to them. BFI contains statements such as "is full of energy", "is helpful and unselfish with others", "is a reliable worker", "can be tense" and "is ingenious, a deep thinker" as indicators of the five personality domains. 16 items were reverse coded. The summarized scale score for each participant was calculated by an average score on each personality domain scale, following presented guidelines (John et al., 2008).

**Drinking motives.** The Modified Drinking Motives Questionnaire-Revised (Modified DMQ-R, Grant et al., 2007) was used to measure motives for drinking alcohol. It has showed a reliability level of a Cronbach's alpha ranging from .73 to .91 on the scales of the internal motives (Grant et al., 2007), which is considered acceptable psychometric properties (Christensen et al., 2011).

The Modified DMQ-R consists of 28 items in which participants may indicate on a 5-point Likert scale ranging from 1 (almost never, never) to 5 (almost always, always) how often they have been drinking due to the reasons mentioned. Modified DMQ-R contains items such as "as a way to celebrate", "because I feel more self-confident or sure of myself", "to help me feel more positive about things in my life", "because it's fun" and "because my friends pressure me to use" (Grant et al., 2007). The summarized score for each participant was calculated by an average score on each drinking motive scale, following the presented guidelines of the questionnaire.

**Alcohol consumption.** Participants indicated how often they drink alcohol (“never”, “1
time a month, or less”, “2-4 times a month”, “2-3 times a week” and “4 or more times a week”). They also indicated how many glasses they drink on a typical day when they drink alcohol (“1-2”, “3-4”, “5-6”, “7-9” and “10 or more”). A glass was defined as 50 cl folköl (3.5% alcohol), 33 cl strong beer, 1 glass of white/red wine, 4 cl liqueur or whiskey (Statens Folkhälsoinstitut, 2014). The two questions were used to get an estimate of the average monthly consumption of alcohol, namely, frequency multiplied by quantity (Mezquita et al., 2010; Ramstedt, Lindell & Raninen, 2013).

**Alcohol-related problems.** The Rutgers Alcohol Problem Index (RAPI, White & Labouvie, 1989) was used to measure participant’s potential patterns of alcohol-related problems. RAPI is designed to measure harm due to a problematic drinking, from family-related harm/problems to mental illness.

RAPI has showed what is seen to be acceptable psychometric properties (Christensen et al., 2011) with a reliability level of a Cronbach's alpha of .92 (White & Labouvie, 1989).

RAPI consists of 23 items where participants indicate how many times each statement has happened to them when they have been drinking alcohol or because they drink alcohol on a 4-point Likert scale (ranging from “never” to “5 or more times”). The questionnaire include items such as "felt that you needed more alcohol than you used to in order to get the same effect", "noticed a change in your personality", "passed out or fainted suddenly" and "felt physically or psychologically dependent on alcohol". The scale score on RAPI was calculated by adding the scores to a summarized score for each participant, following presented guidelines (White & Labouvie, 1989).

**Procedure**

The survey was created in the online survey program eSurvey Creator and a pilot study
was conducted to estimate the time needed to complete the survey. The survey took about 5-10 minutes to complete and was available online for 10 days. The use of internet-administered questionnaires has been shown to be as reliable and valid as paper-administered questionnaires in the field of psychology (Carlbring et al., 2007). The study was advertised on social Medias in groups for students from Swedish colleges and universities, where advertisement for the study was followed by a link to the survey. In order to get in contact with students, universities and colleges were contacted to get access to e-mail addresses. From the schools that gave out e-mail addresses, the students were then contacted via e-mail that contained an advertising letter and a link to the survey.

The Modified DMQ-R and the RAPI was translated into Swedish from the original English versions. The translation process followed recommended procedure by Maneesriwongul & Dixon (2004) where the measures were translated into Swedish and then back-translated into English to ensure that the two versions were conceptually similar. The back-translation process was performed by two different translators, and the translator who would implement the back-translation had not access to the original material in order to reduce the risk of being influenced by the original.

**Analyses**

Data was processed in the statistical program IBM SPSS statistics 22. Cronbach's alpha was calculated for the scales used to measure personality, drinking motives and alcohol-related problems. Independent samples t-test was calculated to compare the mean levels between men and women on all studied variables. In order to test our hypotheses, bivariate correlations between all variables were calculated with Pearson’s correlation coefficient to see that our predictor variables were correlated with both mediator and outcome variables. Partial
correlations were calculated to see that the mediating variables and the outcome variables were related while controlling for the predictor variable. If significant correlations, this establishes that there is a relationship between personality and alcohol that could be mediated by drinking motives (Field, 2013), allowing for further mediation analysis. Since the gender variable is a discrete dichotomy (Field, 2013), it was categorized in a point-biserial correlation to assess the Pearson’s correlation coefficient.

Mediation analyses were calculated to test the expected models. The Sobel test was calculated with Preacher & Leonardelli’s (2001) calculating tool to test the significance of the indirect effect of personality on alcohol outcomes, in other words if personality significantly effects alcohol outcomes via drinking motives. The Sobel test is a statistically based method that tests whether the indirect effect is significantly different from zero. If significant, this implies that there is mediation between the studies variables (Field, 2013).

Results

With this study we wanted to test whether the mediational model of the relationships between personality, drinking motives and alcohol outcomes found in previous research could apply to a Swedish population.

Sample means and descriptives

As can be seen in Table 1, men and women significantly differed in the two personality traits conscientiousness and neuroticism, where women showed higher levels than men. Men and women also significantly differed in the two alcohol variables, where women showed lower levels of alcohol consumption and alcohol-related problems than men. Consequently, as of these significant gender differences in personality and alcohol outcomes, further analyzes of the
relationship between variables were made separately for men and women, in order to be better interpret our results.

The reliability of the scales used to measure personality, drinking motives and alcohol-related problems showed a Chronbach’s alpha from .79 to .98, which is considered to be acceptable levels (Christensen et al., 2011).

Table 1.  
*Mean values (standard deviation) of descriptive statistics on men, women and total sample, t-statistics for significant mean differences between men and women (n), and Cronbach’s alpha.*

<table>
<thead>
<tr>
<th></th>
<th>Men (n=137)</th>
<th>Women (n=246)</th>
<th>Total sample (N=383)</th>
<th>T-statistic</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>23.6 (4.18)</td>
<td>23.5 (5.01)</td>
<td>23.5 (4.76)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuroticism</td>
<td>2.57 (.64)</td>
<td>3.02 (.66)</td>
<td>2.86 (.69)</td>
<td>6.55*** (380)</td>
<td>.81</td>
</tr>
<tr>
<td>Extraversion</td>
<td>3.28 (.65)</td>
<td>3.35 (.74)</td>
<td>3.33 (.71)</td>
<td></td>
<td>.84</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>3.35 (.56)</td>
<td>3.71 (.60)</td>
<td>3.58 (.61)</td>
<td>5.69*** (380)</td>
<td>.79</td>
</tr>
<tr>
<td>Coping-anxiety</td>
<td>1.73 (.73)</td>
<td>1.66 (.76)</td>
<td>1.68 (.75)</td>
<td></td>
<td>.91</td>
</tr>
<tr>
<td>Coping-depression</td>
<td>1.33 (.63)</td>
<td>1.30 (.54)</td>
<td>1.31 (.58)</td>
<td></td>
<td>.98</td>
</tr>
<tr>
<td>Enhancement</td>
<td>2.38 (.90)</td>
<td>2.37 (.97)</td>
<td>2.37 (.95)</td>
<td></td>
<td>.91</td>
</tr>
<tr>
<td>Alcohol consumption</td>
<td>25.99 (24.48)</td>
<td>13.64 (15.00)</td>
<td>18.06 (19.82)</td>
<td>-6.11*** (381)</td>
<td></td>
</tr>
<tr>
<td>Alcohol-related problems</td>
<td>6.83 (5.87)</td>
<td>4.42 (4.83)</td>
<td>5.27 (5.33)</td>
<td>-4.20*** (396)</td>
<td>.88</td>
</tr>
</tbody>
</table>

*Note.* *** p < .001

**Men.** As can be seen in Table 2, extraversion was significantly correlated with enhancement, r(134) = -.24, p < .01, and alcohol consumption r(135) = .17, p < .05. Additionally, partial correlation showed that enhancement was significantly correlated with alcohol consumption, r(131) = .38, p < .01, while controlling for extraversion. These results imply that further mediation analysis of enhancement’s meditative effect on the relationship between
extraversion and alcohol consumption is possible to examine, following the steps required for mediation.

Table 2.

Bivariate Pearson's correlation coefficients (n) between age, personality domains, drinking motives and alcohol outcomes for men.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Extraversion</td>
<td>.04</td>
<td>-.10</td>
<td>-.14</td>
<td>-.09</td>
<td>-.01</td>
<td>-.01</td>
<td>-.04</td>
<td>-.04</td>
<td>-.04</td>
</tr>
<tr>
<td></td>
<td>(137)</td>
<td>(137)</td>
<td>(136)</td>
<td>(136)</td>
<td>(137)</td>
<td>(137)</td>
<td>(136)</td>
<td>(136)</td>
<td>(136)</td>
</tr>
<tr>
<td>3. Neuroticism</td>
<td>-.10</td>
<td>-.30**</td>
<td>-.24**</td>
<td>-.09</td>
<td>-.05</td>
<td>-.05</td>
<td>.38**</td>
<td>-.12</td>
<td>-.49**</td>
</tr>
<tr>
<td></td>
<td>(137)</td>
<td>(137)</td>
<td>(136)</td>
<td>(136)</td>
<td>(137)</td>
<td>(137)</td>
<td>(136)</td>
<td>(136)</td>
<td>(136)</td>
</tr>
<tr>
<td>4. Conscientiousness</td>
<td>-.01</td>
<td>.05</td>
<td>-.04</td>
<td>-.11</td>
<td>-.10</td>
<td>-.10</td>
<td>-.12</td>
<td>-.49**</td>
<td>-.49**</td>
</tr>
<tr>
<td></td>
<td>(137)</td>
<td>(137)</td>
<td>(136)</td>
<td>(136)</td>
<td>(137)</td>
<td>(137)</td>
<td>(136)</td>
<td>(136)</td>
<td>(136)</td>
</tr>
<tr>
<td>5. Enhancement</td>
<td>-.14</td>
<td>-.24**</td>
<td>-.01</td>
<td>-.08</td>
<td>-.04</td>
<td>-.04</td>
<td>.26**</td>
<td>-.08</td>
<td>-.28**</td>
</tr>
<tr>
<td></td>
<td>(136)</td>
<td>(136)</td>
<td>(136)</td>
<td>(136)</td>
<td>(137)</td>
<td>(137)</td>
<td>(136)</td>
<td>(136)</td>
<td>(136)</td>
</tr>
<tr>
<td>6. Coping-anxiety</td>
<td>-.09</td>
<td>-.05</td>
<td>.38**</td>
<td>-.12</td>
<td>-.49**</td>
<td>-.49**</td>
<td>-.12</td>
<td>-.49**</td>
<td>-.49**</td>
</tr>
<tr>
<td></td>
<td>(136)</td>
<td>(136)</td>
<td>(136)</td>
<td>(136)</td>
<td>(137)</td>
<td>(137)</td>
<td>(136)</td>
<td>(136)</td>
<td>(136)</td>
</tr>
<tr>
<td>7. Coping-depression</td>
<td>-.01</td>
<td>-.04</td>
<td>.26**</td>
<td>-.08</td>
<td>-.28**</td>
<td>-.28**</td>
<td>.60**</td>
<td>-.08</td>
<td>-.60**</td>
</tr>
<tr>
<td></td>
<td>(136)</td>
<td>(136)</td>
<td>(136)</td>
<td>(136)</td>
<td>(137)</td>
<td>(137)</td>
<td>(136)</td>
<td>(136)</td>
<td>(136)</td>
</tr>
<tr>
<td>8. Alcohol consumption</td>
<td>-.16</td>
<td>.17*</td>
<td>.04</td>
<td>-.16</td>
<td>.40**</td>
<td>.40**</td>
<td>.26**</td>
<td>.26**</td>
<td>.27**</td>
</tr>
<tr>
<td></td>
<td>(137)</td>
<td>(137)</td>
<td>(137)</td>
<td>(137)</td>
<td>(136)</td>
<td>(136)</td>
<td>(137)</td>
<td>(137)</td>
<td>(137)</td>
</tr>
<tr>
<td>9. Alcohol-related problems</td>
<td>-.22*</td>
<td>.14</td>
<td>.09</td>
<td>-.14</td>
<td>.52**</td>
<td>.52**</td>
<td>.38**</td>
<td>.38**</td>
<td>.39**</td>
</tr>
</tbody>
</table>

Note. * p < .05, ** p < .01.

Women. As can be seen in Table 3, neuroticism was significantly correlated with coping-depression, r(241) = .33, p < .01, and alcohol-related problems r(234) = .23, p < .01. Additionally, partial correlation showed that coping-depression was significantly correlated with alcohol-related problems r(230) = .41, p < .01, while controlling for neuroticism. These results imply that further mediation analysis of coping-depression’s meditative effect on the relationship between neuroticism and alcohol-related problems is possible to examine, following the steps required for mediation.

Neuroticism was significantly correlated with coping-anxiety, r(241) = .36, p < .01, and alcohol-related problems, r(234) = .23, p < .01. Additionally, partial correlation showed that
coping-anxiety was significantly correlated with alcohol-related problems, \( r(230) = .36, p < .01 \), while controlling for coping-anxiety. These results imply that further mediation analysis of coping-anxiety’s meditative effect on the relationship between neuroticism and alcohol-related problems is possible to examine, following the steps required for mediation.

Extraversion was significantly correlated with coping-anxiety, \( r(241) = -.31, p < .01 \), and alcohol-related problems, \( r(234) = .15, p < .05 \). Additionally, partial correlation showed that coping-anxiety was significantly correlated with alcohol-related problems, \( r(230) = .49, p < .01 \). These results imply that further mediation analysis of coping-anxiety’s meditative effect on the relationship between extraversion and alcohol-related problems is possible to examine, following the steps required for mediation.

Table 3.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Age</strong></td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Extraversion</strong></td>
<td>.08</td>
<td>.05</td>
<td>.15*</td>
<td>.20**</td>
<td>.31**</td>
<td>.36**</td>
<td>.14*</td>
<td>.55**</td>
<td>-</td>
</tr>
<tr>
<td><strong>3. Neuroticism</strong></td>
<td>-.10</td>
<td>-.08</td>
<td>.10*</td>
<td>-.10</td>
<td>.36**</td>
<td>.13**</td>
<td>-.10</td>
<td>.36**</td>
<td>.31**</td>
</tr>
<tr>
<td><strong>4. Conscientiousness</strong></td>
<td>-.004</td>
<td>.15*</td>
<td>-.10</td>
<td>.20**</td>
<td>.31**</td>
<td>.36**</td>
<td>.14*</td>
<td>.55**</td>
<td>-</td>
</tr>
<tr>
<td><strong>5. Enhancement</strong></td>
<td>-.15*</td>
<td>-.07</td>
<td>-.08</td>
<td>.33**</td>
<td>.20**</td>
<td>.47**</td>
<td>.70**</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td><strong>6. Coping-anxiety</strong></td>
<td>-.08</td>
<td>-.16*</td>
<td>.15*</td>
<td>.13*</td>
<td>-.10</td>
<td>.36**</td>
<td>.10*</td>
<td>.36**</td>
<td>.31**</td>
</tr>
<tr>
<td></td>
<td>(246)</td>
<td>(245)</td>
<td>(245)</td>
<td>(245)</td>
<td>(243)</td>
<td>(243)</td>
<td>(243)</td>
<td>(243)</td>
<td>(243)</td>
</tr>
<tr>
<td><strong>7. Coping-depression</strong></td>
<td>-.07</td>
<td>.10</td>
<td>.13*</td>
<td>-.10</td>
<td>.36**</td>
<td>-.22**</td>
<td>.41**</td>
<td>.41**</td>
<td>.45**</td>
</tr>
<tr>
<td></td>
<td>(236)</td>
<td>(236)</td>
<td>(236)</td>
<td>(236)</td>
<td>(235)</td>
<td>(235)</td>
<td>(235)</td>
<td>(235)</td>
<td>(236)</td>
</tr>
<tr>
<td><strong>8. Alcohol consumption</strong></td>
<td>-.15*</td>
<td>.15*</td>
<td>.23**</td>
<td>.31**</td>
<td>.48**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(236)</td>
<td>(236)</td>
<td>(236)</td>
<td>(236)</td>
<td>(235)</td>
<td>(235)</td>
<td>(235)</td>
<td>(235)</td>
<td>(236)</td>
</tr>
</tbody>
</table>

Note. * \( p < .05 \), ** \( p < .01 \).
Mediation analysis

Men. Results showed that as expected, extraversion, $b (1, 134) = .34$, $p < .01$, and enhancement, $b (2, 133) = 10.37$, $p < .001$, significantly predicted alcohol consumption. The Sobel test showed that the relationship between high extraversion and alcohol consumption was significantly mediated by enhancement motives ($z' = 2.44$, $p < .01$). This suggests that alcohol consumption might be predicted by men’s high levels of extraversion, because they drink for enhancement motives.

We did not find that enhancement mediated the relationship between low conscientiousness and alcohol consumption for men, because all of the correlations required for the mediational model were not significant. Nor did we find that coping motives mediated the relationships between high neuroticism or low extraversion and alcohol-related problems, because all of the correlations required for the mediational models were not significant.

Women. Results showed that as expected, neuroticism, $b (1, 241) = .27$, $p < .01$, and coping-depression, $b (2, 232) = 3.73$, $p < .001$, significantly predicted alcohol-related problems. The Sobel test showed that the relationship between high neuroticism and alcohol-related problems was significantly mediated by coping-depression motives ($z' = 4.20$, $p < .001$). This suggests that alcohol-related problems might be predicted by women’s high levels of neuroticism, because they drink for coping-depression motives.

As expected, neuroticism, $b (1, 241) = .41$, $p < .001$, and coping-anxiety, $b (2, 232) = 3.73$, $p < .001$, significantly predicted alcohol-related problems. The Sobel test showed that the relationship between high neuroticism and alcohol-related problems was significantly mediated by coping-anxiety motives ($z' = 4.48$, $p < .001$). This suggests that alcohol-related problems
might be predicted by women’s high levels of neuroticism, because they drink for coping-anxiety motives.

As expected, extraversion, $b_{1} \ (1, 241) = -.31, \ p < .001$, and coping-anxiety, $b_{2} \ (2, 232) = 3.23, \ p < .001$, significantly predicted alcohol-related problems. The Sobel test showed that the relationship between low extraversion and alcohol-related problems was significantly mediated by coping-anxiety motives ($z’ = -4.33, \ p < .001$). This suggests that alcohol-related problems might be predicted by women’s low levels of extraversion, because they drink for coping-anxiety motives.

We did not find a mediation of enhancement on the relationship between high extraversion or low conscientiousness and alcohol consumption for women, because all of the correlations required for the mediational model were not significant.

**Discussion**

Given the background of that Swedes have a different drinking pattern than the countries in previous studies, it was the purpose of this study to examine if we could find the same patterns of personality, drinking motives and alcohol that were predicted by the mediational model on a Swedish population. We found significant gender differences in people’s personality traits and in the two alcohol outcomes. Unlike what we’ve seen in previous research, we tested the mediating model on men and women separately to see if it can be applicable to a Swedish population. This has been suggested in previous research when discussed that the mediating model might show different results when looking at men and women separately (Mezquita, et al., 2010). The results in this study can thus be interpreted both on the Swedish population, but also whether the model is applicable to both men and women separately.
Even though all drinking motives were significantly related to alcohol consumption and alcohol-related problems for both men and women, we did not find similar paths between sexes. As expected, the two coping motives mediated the relationship between neuroticism or extraversion and alcohol-related problems. However, these paths only applied to women. Additionally as expected, enhancement mediated the relationship between extraversion and alcohol consumption. However, this path only applied to men. Contrary to what was expected, we did not find a mediation of enhancement on the relationship between conscientiousness and alcohol consumption, either for men or women. In short, four of the five paths predicted by the mediational model were found in this study, leading to the conclusion that the model can be applied to a Swedish population, but with different paths for men and women.

One reason for why we did not find the same mediating pathways between the sexes might be, what research shows; that the Motivational Model of Alcohol Use can be used to categorize people into clusters of either enhancement or coping motives (Kuntsche, Knibbe, Engels & Gmel, 2010). It has been suggested that especially men can be classified as enhancement drinkers. This study confirms this categorization that one could be either a coping- or an enhancement-drinker, since our results shows that enhancement had a mediating effect on alcohol only for men, and that coping had a mediating effect only for women.

That we found men as enhancement drinkers confirms previous research which shows that men are significantly higher on enhancement than women (Cooper, 1994; Cooper, 1995; Kuntsche et al., 2010; Mezquita et al, 2010) and that enhancement also is a stronger predictor of alcohol use for men (Cooper, 1995). That men score higher on enhancement and alcohol use was also the reason why Mezquita et al. (2010) suggested that this type of analysis should be done for men and women separately.
The other part of our findings suggests that women are coping drinkers. According to the Motivational Model of Alcohol Use, people's motivation for alcohol consumption changes in their lives due to various factors, such as social norms from family, friends, media etc. Could it be that we only found coping motives as mediators for women because women are more sensitive and emotional and that it thus is more socially acceptable for them to have emotional reasons for drinking alcohol, simply to "handle their emotions"? In fact, research shows that this view of women as the more emotional ones have been shown to be a social norm, not only in Sweden but also cross cultural (Shields, 2002; Durik Marks & Schultz, 2006). It has also been shown that women do report a higher use of different strategies to cope with emotions, that they tend to be more conscious than men about what they feel, and that they are to greater extent willing to deal with these emotions (Nolen-Hoeksema & Aldao, 2011). This might explain why we only found that coping mediated the relationship between personality and alcohol for women.

Contrary to expected, we found no relationship between conscientiousness and alcohol consumption, neither for men or women. This is inconsistent with previous research (Kuntsche et al., 2008; Stewart et al., 2001). However, this result has also been found in a previous Swedish, non-peer reviewed, study that examined the relationship between personality and alcohol (Lindeberg, 2012). Swedes who score low on conscientiousness seems to simply not have increased alcohol consumption. And in the case for men, conscientiousness was neither related to enhancement motives. This could explain for why it was not possible to apply the mediating model of enhancement on a Swedish population; enhancement did not mediate the relationship between conscientiousness and alcohol consumption, as there was no relationship to mediate. An explanation of why neither our study nor Lindeberg (2012) found this relationship may be that personality has been measured with instruments that do not take into account all facets of
conscientiousness. It may therefore be possible that it's just a part of all the facets of conscientiousness that can represent a “conscientious Swede”. There might be a cultural difference in the expression of conscientiousness and perhaps we could better understand this with another measure. Future research that aims to measure personality with the Five-Factor Model of Personality in Sweden should therefore make use of a scale that measures both the domain as well as all its facets.

A possible limitation with this study is that the results of the analyzed mediation models for the impact of each motive may have been influenced by the effects of the other drinking motives, because analyzes were made separately for each path. Future research should therefore make the mediational analysis with all mediating variables included in the same model in order to rule out that there might have been an interactive effect on the relationship between the explained variables (Field, 2013). Also, that we have used cross-sectional data limits our ability to draw conclusions about causality in the model. We have measured personality, drinking motives and alcohol outcomes at one time which opens for the possibility that the participant’s levels of the various variables are influenced by other factors and not on each other. Future research that aims to develop the study of the relationship between personality, drinking motives and alcohol outcomes should therefore make longitudinal measurements to more precisely ensure the causal direction between personality, drinking motives and alcohol consumption. Also, using a web based survey might have produced a sample that differs from our targeted population since we have reached a voluntary sample. Aspects of people that want to respond to this kind of web based surveys about their alcohol use might differ from people that don’t want to participate. It might be that people who know that they have a high alcohol consumption do not want to be in this kind of study, because they do not want to share such personal information. However, this is
only speculation, but it opens up the question of how our results in our study would have been if we had had a population with a known alcohol problems. In future research that aims to develop the area, it may be interesting to study different groups of people who are known to have different drinking patterns to see whether the model can explain why people drink the way they do. However, the fact that we had a large sample of students from colleges and universities all over Sweden allows us to still get a picture of Swede’s drinking behavior and its underlying factors.

Above all, this study has taken established measurements and contributed with a new cultural evaluation of the mediating model between personality, drinking motives and alcohol outcomes to the field of psychology. We’ve found that the model has a role in this cultural group as well, but we have also confirmed the need to separate men and women for this kind of analysis. We can also see that there might be cultural differences in the expression of conscientiousness, suggesting that full scales with domains as well as facets are necessary when measuring cross cultural differences in personality.

So why do some people choose to drink alcohol to the point that they experience alcohol-related problems, or just have a higher consumption than others? Has it to do with the reasons for why people choose to drink? Our study shows that there are coping-anxiety and coping-depression drinkers that use alcohol as a way to handle negative emotions, worries and to seek stimulation (high levels of neuroticism or low levels of extraversion), and therefore develop alcohol-related problems. Especially this is the case for women. For men, it is people who are confident, who gladly seek the company of others (high levels of extraversion), and who drink to enhance positive emotions, which show increased alcohol consumption. This suggests that there
are four more risky patterns of personality, drinking motives and alcohol suggested by the mediational model that can be found in a Swedish sample.

This study contributes with knowledge about how one can better target risk groups when the aim is to help people not to develop a risky alcohol use. Now that we know that consideration must be given to peoples personality and the motives people have to drink alcohol when the aim is to target the development of potential harmful drinking patterns this type of preventive work can be even more effective. In order to help young people not to develop a risky alcohol use in Sweden, one should target the risky patterns found in this study for girls and boys separately, since preventive work might be best suitable when gender specific in a Swedish population.
References


Bullock, S. (2004). *Alcohol, Drugs and Student Life Style; A Study of the Attitudes, Beliefs and Use of Alcohol and Drugs Among Swedish University Students*. Stockholm: Centrum för socialvetenskaplig alkohol- och drogforskning (SoRAD).


Appendix.

Hej!

Deltagandet i enkäten är frivilligt och Du får när som helst under enkätens gång avsluta Ditt deltagande. Svaren kommer att hanteras konfidentiellt och enbart användas till studiens syfte.

Enkäten består av 100 frågor/påståenden och tar ca 10 minuter att svara på. Enkäten innehåller frågor/påståenden som innefattar hur Du är som person, hur Dina alkoholvanor ser ut och vilka motiv Du har till att dricka alkohol.

Tack för din medverkan!

Om ni har några frågor så tveka inte att höra av er till oss.
Med vänliga hälsningar

Mikaela Lindroth
mixxx@studentmail.oru.se

Madeleine Johansson
maxxx@studentmail.oru.se

1. Är Du man eller kvinna?
   Man
   Kvinna

2. Vad är din könsidentitet?
   Man
   Kvinna

2. Hur gammal är Du?
   _____ år.

Nedan finns ett antal egenskaper som kanske eller kanske inte stämmer in på Dig. Instämmer Du till exempel i att du är någon som tycker om att umgås med andra? Ringa in ett svarsalternativ för varje påstående för att ange hur mycket påståendet stämmer eller inte stämmer in på Dig.

A = Stämmer absolut inte              B = Stämmer ganska dåligt
1. Är pratsam |
2. Tenderar att hitta fel hos andra |
3. Gör ett grundligt jobb |
4. Är deprimerad, nere |
5. Är originell, kommer med nya idéer |
6. Är reserverad |
7. Är hjälpsov och osjälvisk mot andra |
8. Kan vara något vårdlös |
9. Är avspänd, hanterar stress väl |
10. Är nyfiken på många olika saker |
11. Är full av energi |
12. Startar gräl med andra |
13. Är pålitlig i arbetet |
14. Kan vara spänd |
15. Är sinnrik, en djup tänkare |
16. Sprider mycket entusiasm |
17. Har en förlåtande läggning |
18. Tenderar att vara oorganiserad |
19. Ooroar mig mycket |
20. Har livlig fantasi |
21. Tenderar att vara tystlåten |
22. Är i allmänhet tillsatistisk |
23. Tenderar att vara lat |
24. Är känslomässigt stabil, blir inte upprörd så lätt |
25. Är uppfinnningsrikt |
26. Har en självhäftande personlighet |
27. Can vara kall och distanserad |
28. Framhärskar tills uppgiften är slutförd |
29. Can vara lynnig |
30. Värdesätter konstnärliga, estetiska upplevelser |
31. Är ibland blyg, hämmad |
32. Är omtäcktesam och vänlig mot nästan alla |
33. Gör saker effektivt |
34. Förblir lugn i spända situationer |
35. Föredrar rutinarbete |
36. Är utåtriktad, sällskaplig |
37. Är ibland ohövlig mot andra |
38. Gör upp planer och fullföljer dem |
39. Blir lätt nervös |
40. Tycker om att reflektera, leka med idéer |
41. Har få konstnärliga intressen |
42. Tycker om att samarbeta med andra |
43. Blir lätt distraherad |
44. Har en utvecklad smak för konst, musik eller litteratur |
Aldrig
1 gång i månaden, eller mer sällan
2 till 4 gånger i månaden
2 till 3 gånger i veckan
4 gånger i veckan, eller mer

2. Hur många glas (se exempel) dricker Du en typisk dag då Du dricker alkohol?
   1 till 2
   3 till 4
   5 till 6
   7 till 9
   10 eller fler

Nedan är en lista över anledningar som människor ibland ger för att dricka alkohol. Om Du tänker tillbaka på alla de tillfällen då Du har druckit alkohol, hur ofta skulle Du säga att Du druckit av följande anledningar? Ringa in det svarsalternativ som passar bäst in på Dig. Om Du inte dricker alkohol; vänligen fyll i F ("inte applicerbart") för varje fråga i formuläret.

A = Nästan aldrig/Aldrig
B = Ibland
C = Hälften av gångerna
D = De flesta gångerna
E = Nästan alltid/Alltid
F = Inte applicerbart (bara om du INTE dricker alkohol)

<table>
<thead>
<tr>
<th>Anledning</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>För att fira</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>För att slappa av</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>För att jag gillar känslan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>För att det är vad de flesta av mina vänner gör när vi träffas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>För att glömma mina bekymmer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>För att det är spännande</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>För att vara mer sällskaplig</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>För att känna mig mer självaktive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>För att få en kick</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>För att det är sedvanligt vid speciella tillfällen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>För att det hjälper mig när jag känner mig nervös</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>För att det är roligt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>För att det gör en social sammankonst mer trevlig</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>För att göra mig mer uppmunrad när jag är på dåligt humör</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>För att bli omtyckt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>För att bedöva smärta</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Det hjälper mig när jag känner mig deprimerad</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Så att andra inte ska skämta om mig för att jag inte dricker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>För att minska min oro</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>För att inte äta saker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>För att stänga av negativa tankar om mig själv</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>För att känna mig mer positiv över saker i mitt liv</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>För att sluta känna mig så hopplös om min framtid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>För att mina vänner pressar mig till att dricka</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>För att passa in en grupp jag gillar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Därför att det får mig att må bra</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
27. För att glömma smärtsamma minnen
28. Så att jag inte känner mig utanför

<table>
<thead>
<tr>
<th>Enhet</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
</table>

Olika saker händer människor när de dricker alkohol eller på grund av de dricker alkohol. Några av dessa saker är listade nedan. Ange hur många gånger var och en av dessa saker hänt Dig inom det senaste året.

0 = Aldrig
1 = 1 – 2 gånger
2 = 3 – 5 gånger
3 = 5 eller fler gånger

**Hur många gånger har detta hänt dig medan du druckit eller på grund av att druckit det senaste året?**

1. Inte kunnat göra din läxa eller studera för ett test
2. Hamnat i slagsmål med andra människor (vänner, släkt, främlingar)
3. Missat andra saker för att du spenderat för mycket pengar på alkohol
4. Gått till skolan hög eller full
5. Orsakat skam eller skämt ut någon annan
6. Försummat/misskött dina ansvar
7. Haft familj/släkt som undvikit dig
8. Känt att du behöver mer alkohol än vad du brukar för att få samma effekt
9. Förökat kontrollera ditt drickande (försökt att dricka bara vid särskilda tider på dagen eller på vissa platser, alltså försökt ändra ditt dryckesmönster)
10. Haft abstinenssymtom, alltså, känt dig sjuk för att du slutat eller minskat ditt drickande
11. Noterat en förändring i din personlighet
12. Känt att du haft ett problem med alkohol
13. Missat en dag (eller del av dag) av skola eller arbete.
14. Velat sluta dricka, men inte kunnat
15. Plötsligt hittat dig själv vid en plats som du inte kommer ihåg att du tagit dig till
16. Däckat eller svimmat plötsligt
17. Bråkat, argumenterat eller haft en dålig känsla med en vän
18. Bråkat, argumenterat eller haft en dålig känsla med en familjemedlem
19. Fortsatt dricka när du lovat dig själv att inte göra det
20. Känt att du blir galen
21. Haft en dålig tid
22. Känt dig fysiskt eller psykiskt beroende av alkohol
23. Blivit tillsagd av en vän, granne eller släkting att sluta eller minska drickandet

Tack för Din medverkan!