

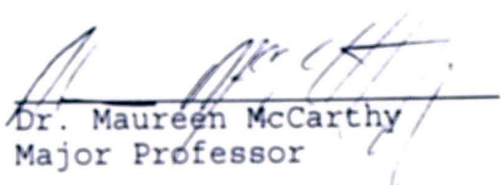
**ASSESSMENT OF ALCOHOL-RELATED EXPECTANCIES  
AMONG MILITARY AND NON-MILITARY STUDENTS**

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**ROSA BELL**

To The Graduate Council:

I am submitting herewith a thesis written by Rosa A. Bell entitles "Assessment of Alcohol-Related Expectancies Among Military and Non-Military Students". I have examined the final copy of this thesis for form and content and, recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science with a major in Psychology with a concentration in Guidance and Counseling.



Dr. Maureen McCarthy  
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We have read this thesis and  
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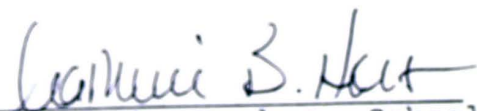


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ASSESSMENT OF ALCOHOL-RELATED EXPECTANCIES  
AMONG MILITARY AND NON-MILITARY STUDENTS

A thesis  
presented in partial fulfillment  
of the requirements of the Master of Science Degree  
Austin Peay State University

Rosa Bell  
December 1996



## DEDICATION

This thesis is dedicated to my daughter, Crystal Jacqueline Bell, my mother, Catedral Martinez, and my sisters, Raquel and Omayra for their support and love that has sustained me during this project.

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## TABLE OF CONTENTS

CHAPTER	PAGE
1. INTRODUCTION. . . . .	1
2. REVIEW OF LITERATURE. . . . .	4
Expectancies . . . . .	4
Research on Expectancies: . . . . .	
The Balanced Placebo Design. . . . .	5
Correlational Studies. . . . .	7
Statement of the Hypothesis. . . . .	11
3. METHOD. . . . .	13
Participants . . . . .	13
Instrumentation. . . . .	13
Procedure. . . . .	15
4. RESULTS . . . . .	17
5. DISCUSSION AND CONCLUSIONS. . . . .	19
LIST OF REFERENCES. . . . .	21
References. . . . .	21
APPENDIXES	
A. Informed Consent Statement. . . . .	28
B. Demographic Data. . . . .	29
C. <u>Alcohol Expectancy Questionnaire-Revised</u> . . . . .	30
D. Items in the Alcohol Expectancy Questionnaire-Revised, grouped by the expectancy factor they measure. . . . .	35

## LIST OF TABLES

TABLE	PAGE
1. Student Status and Alcohol Expectancy Factors .....	19



## ABSTRACT

This study investigated the differences in alcohol-related expectancies among adult undergraduate military and non-military college students. The total sample for the study consisted of 35 military and 40 non-military adult undergraduate students enrolled at Austin Peay State University.

The instruments of assessment consisted of two questionnaires: The Alcohol Expectancy Questionnaire - Revised - Adult Version (AEQ-R) (Brown, 1987) and the Demographic Questionnaire. To test the hypothesis a two-tailed t-test was performed on the factor scores of the participants. Significant differences in the positive global Change and the relaxation and Tension Reduction factors were observed between the two study groups. Further research in the alcohol-expectancy field was suggested.

## CHAPTER 1

### INTRODUCTION

Alcohol continues to be the primary drug used on college campuses, regardless of the student's legal capacity to use and consume alcohol (Engs & Hanson, 1989). It has been estimated that over 7% of the nation's freshmen will drop out of college due to alcohol-related problems (United States Department of Health and Human Services, 1991). Therefore, researchers must identify factors that may lead individuals to commence drinking and, place them at risk of serious drinking problems or abuse.

One factor that has received a great deal of attention is alcohol expectancy. This cognitive variable was derived from social learning theories and is defined as an acquired belief about the positive effects of alcohol consumption (Brown, Goldman, Inn, & Anderson, 1980; Cooper, Russell, & Williams, 1980; Bolles, 1972).

Several investigators have reported that alcohol-related expectancy has effectively predicted drinking patterns along a continuum from early adolescent years, (Christiansen, Goldman, & Inn, 1982; Christiansen, Goldman, & Brown, 1983; Grube-Jinn Chen & Madden, 1995) through adulthood (Brown, 1985a; Brown, 1985b).

Much of the work in the field of expectancy theory has suggested, either explicitly or implicitly, that perceived outcomes from drinking are important determinants of how

often an individual drinks. Groups that differ in beliefs about the effects of alcohol consumption may also differ in alcohol-related behaviors. For example, Southwick, Steele, Marlatt, and Lindell (1981) indicated that college student drinkers expected moderate drinking to result in stimulation, pleasure, and disinhibition. The students also reported that they expected heavy drinkers to display a greater degree of behavioral impairment than theirs. In a series of studies, the alcohol expectancies of college students, adult drinkers, and alcoholics were identified and related to different drinking patterns (Brown et al., 1980; Brown, Goldman, & Christiansen, 1985; Brown, 1985a).

By comparing the drinking-related beliefs of different populations, researchers have discovered distinctive differences in the subject's alcohol expectancy patterns (Brown et al., 1980). There is a lack of research with populations of college students that are active in the military (Engs & Hanson, 1989). To develop appropriate treatment, prevention, and intervention strategies for specific components of the college student population, it is important to identify which alcohol expectancy factors may predict or explain the development of drinking problems differentiating, between military and non-military students. This study attempts to provide preliminary statistical data about the alcohol-related expectancies within military and non-military student populations. Specifically, the purpose

of this study is to test the hypothesis that differences in military status among college student groups will result in differences in alcohol expectancy patterns.



## LITERATURE REVIEW

Expectancy

Investigators over the past two decades have examined the relationship between the expected outcome of drinking in human behavior (alcohol expectancy) and the current and future drinking patterns of several populations (Leight, 1990; Stacy, Widaman, & Marlatt, 1980). Expectancy theory was introduced by Tolman (1932) when he suggested that since cognitions act as intervening variables between stimuli and responses, understanding human behavior required knowledge of the cognitions (planning, thinking, inference, and purpose) that the organism has about its environment.

Bolles (1972) suggested that those intervening variables between stimuli, responses, and anticipated outcomes were learned expectancies or acquired beliefs. The organisms learn that there is a relationship between an initial stimulus called the elicitor, a response, and the outcome of the response in the presence of the elicitor.

Goldman, Brown, and Christiansen (1987) reviewed the theoretical basis of expectancy theory. They concluded that, within Tolman's framework, it is possible for an organism to learn an expectancy without ever performing the behavior or, achieving the intended goal. That process is called vicarious learning.

Goldman et al. (1987) suggested that the decision to begin a drinking episode may be assumed to be partially driven by an individual's belief that alcohol consumption may result in certain desirable outcomes. Drinking behavior is maintained by the ongoing belief that alcohol use will help the individual achieve those desirable results.

#### Research on Expectancies: The Balanced Placebo Design

Since alcohol-related expectancies may be acquired regardless of actual alcohol consumption and may be evoked simply by the belief that alcohol is being ingested, it is important, in designing research projects regarding the use of alcohol, to control for the subjects' expectations regarding its use in the experiment. The Balanced Placebo Design, in which half of the subjects expect to consume alcohol and half expect a non-alcoholic beverage; and, within each group half actually ingest alcohol, and the other half consumes a placebo, has been employed to examine alcohol expectancy theory (Marlatt, Denning, & Reid, 1973). The Balanced Placebo Design (BPD) was first suggested in the early 1960's (Ross, Krugman, Lysterly, & Clyde, 1962). Merry (1966), was the first researcher to use expectancy to study its relationship to alcoholism in humans. Merry investigated the effects of alcohol consumption on craving. On alternating days, alcohol was mixed with the beverages of alcoholic patients without their knowledge. Self-reports

indicated no difference in reported craving on days when alcohol was ingested and when it was not.

Later experimental manipulations using the BPD have provided evidence of the different dimensions of alcohol-related expectancy. Lang, Goenker, Adesso, and Marlatt (1975) investigated the role of expectancy as a possible mediating factor in the linkage between alcohol and aggression. In this experiment, subjects classified as heavy social drinkers were allotted vodka and tonic, or tonic only, under one of two instructional sets (expect alcohol or expect no alcohol). Following the ingestion of the beverages, half of the subjects were provoked individually by a confederate who criticized and insulted them for their performance on a difficult task of motor coordination. The results indicated that, regardless of the actual content of the drink they were served, subjects who believed they had consumed alcohol, were more aggressive than those subjects who believed they had consumed a non-alcoholic drink.

Balanced placebo studies by Marlatt and Rohsenow (1980) and Rohsenow and Bachorowski (1984) tend to support the finding that alcohol expectancy exacerbates behaviors in which the belief that alcohol has desirable outcomes for the drinker (especially in terms of immediate gratification) exists. Higgins and Marlatt (1975) found that positive alcohol expectancy may decrease levels of



social anxiety. Bridell and Wilson (1976) and Wilson and Lawson (1978) showed increased levels of sexual arousal associated with positive alcohol expectancy.

### Correlational Studies

Additional validation of the utility of the alcohol expectancy variable as a predictor of actual drinking patterns required that researches obtain a more direct means of assessing and manipulating the expectancy content that will allow the researcher to identify different degrees of expectancy among specific individuals or groups. For example, to examine the effect of alcohol expectancy on emotional states, Russell and Mechrabian (1975), asked 20 college students to describe how they would feel after drinking moderate amounts of alcohol (two drinks) and heavy amounts of alcohol (six drinks). Items on the response scale were designed to identify and evaluate dimensions of emotions, pleasure, and arousal. Using as her subjects, social drinkers and alcoholics, Morton (1979), examined the drinking expectations of college students. She concluded that, social drinkers expected to feel better and be kinder, more fun to be with, more energetic and active, while the alcoholics expected to be meaner, less fun to be with, and more lethargic.

Brown et al. (1980) developed the Alcohol Expectancy Questionnaire (AEQ) using factor analysis to define six independent positive expectancy factors resulting from



moderate drinking. The first factor indicated an expectancy that alcohol enhances individual experiences. The second factor reflects the expectancy that drinking enhances the individual's social and physical pleasure. A third factor was found to show the expectancy that alcohol enhances sexual performance. The fourth factor reflected the expectancy that alcohol use increases power and aggressiveness while the fifth factor, reveals the expectancy that alcohol use increases social assertiveness. Finally, the sixth factor reflected the expectancy that alcohol consumption reduces tension. They also found that less experienced and lighter drinkers had greater expectations of global transformation while, heavier drinkers had more specific expectancies of increased aggression and power, and of sexual enhancement.

Since its development, numerous researchers have used the AEQ. Mooney, Fromme, Kivlahan, and Marlatt (1987) concluded that classification of college students as frequent drinkers were predicted best by higher scores on the AEQ scales assessing social and physical pleasure, global positive changes, and enhanced sexual experiences.

By using the alcohol expectancy scales of the AEQ and comparing them to demographic background variables, Brown (1985a) was able to examine their ability to predict problematic and non-problematic drinking patterns. Three drinking styles were identified: heavy drinkers, problem

drinkers, and light drinkers. The study concluded that demographic and background variables were useful predictors of drinking in a population of college students. However, the best predictor of each drinking pattern identified was the specific positive outcome of an alcohol expectancy. For example, expectations of enhanced social and physical pleasure were reported to be the primary outcome attributed to alcohol consumption by frequent non-problematic drinkers while, subjects reporting alcohol-related problems, expected enhancement of social and physical pleasure when they consumed alcohol. Finally, Brown concluded that the greatest predictor of problematic drinkers among college students was the expectancy of tension reduction.

Goldman, Brown, Christiansen, and Smith (1991) compared alcohol-related expectancies to background variables to predict actual drinking in adolescents. They found that drinking expectancies among three age groups were consistently independent of the varying degrees of drinking experience. Adolescents who drink in a frequent social manner expected alcohol to enhance social behavior. Adolescents who reported alcohol related problems were more likely to expect alcohol to improve their cognitive and motor functioning. This study implies that alcohol-related expectancies may be a more accurate predictor of drinking behavior than demographic variables and that,

alcohol-related expectancies may develop without actual alcohol use.

The possible relationship between the Relaxation and tension-Reduction factor and positive alcohol expectancy has been examined in a number of studies. Sher and Levenson (1982) reported that adolescent high-risk drinkers display higher degrees of positive alcohol related expectancy than those considered low-risk drinkers. Furthermore, high-risk drinkers report a stronger degree of tension reduction from alcohol use than that reported by low-drinkers. Researchers concluded that a strong positive expectancy, that alcohol use will lead to a reduction in tension, is related to high drinking patterns in adolescents.

Johnson (1993) reported that different alcohol expectancy factors were associated with specific drinking behavior in college students. For example, negative expectancies were associated with less frequent drinking, while anticipated positive expectancies were associated with more frequent drinking. Beliefs about the effects of alcohol were not only the mediators of alcohol effects, but the indicators of risk factors that affect the initiation and maintenance of drinking behavior (Goldman et al., 1987).

In a longitudinal study, Brown (1985b) studied alcoholic medical patients and non-alcoholic medical patients. She concluded that the behavior of alcoholics in



this study correlated with that of the heavy drinkers of her previous study (1985a). Both groups that were studied maintained similar, strong positive expectancies about the outcome of alcohol use. The expectancies of positive global outcomes served to predict if the alcoholic medical patient would drop-out of treatment. After a one year follow-up, alcoholics and heavy drinkers held stronger positive expectations of the outcome of their use of alcohol. They showed strong expectancy in the dimensions of relaxation and tension reduction. Furthermore, the study suggests that expectancy of tension reduction may play an important role in the development of excessive drinking patterns and future alcohol abuse.

#### Statement of the Hypothesis

The literature reviewed provides evidence that alcohol related expectancies may successfully predict drinking behaviors in samples of adolescents, college students, adults, and alcoholics. Brown et al. (1985a; 1985b) have reported that individuals who have different pre-existing conditions may differ in the nature and the degree of their alcohol expectancies. Differences in alcohol-related expectancies among students of different status cannot be ignored. To investigate this proposition, the following hypothesis was tested.

There will be differences in alcohol expectancy factors among military and non-military students. The dependent

variable for this study was alcohol-related expectancy as defined by the AEQ-Revised Adult Version (Brown et al., 1987), while the independent variable, was the students' military status.



## METHOD

Participants

The sample consisted of 75 undergraduate students enrolled at Austin Peay State University. Thirty-five students enrolled at the Fort Campbell Education Center of the University constituted the military group while, the non-military group of the sample was comprised of 40 students registered at the University's Main Campus. All participants were adults (21 years or older), legally capable to consume alcoholic beverages.

Of the military participants, twenty were males and, fifteen were female; while, in the non-military group, thirteen participants were male and twenty-seven were female. The mean age of the students in the military group was 27.1 years while, the age of the students that made-up the non-military group was 27.3 years.

Instrumentation

Demographic data was collected using a Demographic Questionnaire (Appendix B) which allowed for the classification of the students by gender (male or female), military status (military or non-military), age, and drinking behavior (non-drinker to heavy drinker) as reported by the subject.

An individual was considered to be part of the military group if presently serving in active military duty or, if a

member of a military reserve (Reserves or National Guard) unit. These subjects were classified according to their drinking behavior into four groups using a self-rating scale that ranged from non-drinker to heavy drinker. The four drinking pattern choices were defined using the parameters similar to those included in the Student's Alcohol Questionnaire (Engs & Hanson, 1975) in which the subjects were classified according to their response to the following question: "Do you consider yourself:

\_\_\_\_\_A Non-drinker (Less than one drink a year or not at all.)

\_\_\_\_\_A Light drinker (Drinks at least once a month but, not more than 1-3 drinks at one time.)

\_\_\_\_\_A Moderate drinker (Drinks at least once a month, with no more than 3-4 drinks at any one time, or at least once a week with no more than 3-4 drinks, or daily with no more than 1-2 drinks.)

\_\_\_\_\_Heavy drinker (Drinks 6 or more drinks at any one setting more than once a week.)"

For purposes of the classification, a drink was defined as one shot of alcohol, one glass of wine, or one can of beer.

The Alcohol Expectancy Questionnaire-Revised Adult Version (AEQ-R; Brown et al., 1987) was used to evaluate the subjects' alcohol expectancy. The sixty-eight item questionnaire (Appendix C) evaluated the student's alcohol expectancy through six sub-scales (Appendix D) that

measured the following factors: Global Positive Change (GPC), Sexual Enhancement (SE), Physical and Social Pleasure (PSP), Increased Social (IS), Relaxation and Tension (RTR), and Arousal and Power (AP). Scale items were structured in an agree-disagree format, with an agree response indicating the belief that alcohol use may produce a particular effect. An "Agree" response received a score of 2 while, a "Disagree" response received a score of 1. Summary scores were calculated for each sub-scale.

Several studies have reported strong reliability scores for the AEQ-R instrument (Brown et al., 1987; Leight, 1989) with internal consistency reliability coefficients ranging from .72 to .92 and reported test-retest reliability of .64 for an 8 week time period.

To protect the subject's privacy, neither instrument was identified with the respondent's name.

### Procedures

The instruments were administered to students enrolled at Austin Peay State University during the Spring 1996 Semester. Prior to the administration of the instruments, all subjects were briefed about the voluntary nature of their participation in this study and the confidential nature of their responses.

The subjects in the military group were selected from students enrolled at the Fort Campbell Center of Austin Peay State University. Two faculty members introduced the



researcher to their students. The researcher proceeded to explain the study to the students, advised them of the voluntary nature of their participation in it, and, explained the safeguards to ensure the confidentiality of their responses. Those students who agreed to participate in the study received an Informed Consent Statement (Appendix A) which they were instructed to complete and return to the researcher. They also received both instruments which, after completion, were collected in a way that assured that both forms were completed by the same respondent, while protecting the subjects' privacy.

Members of the non-military group were obtained from responses to flyers that were posted on the bulletin boards located in the Main Campus' academic buildings. All non-military subjects that volunteered to participate were assembled in a single session in Austin Peay State University's Clement Auditorium. As with the military subjects, the non-military participants were briefed regarding their voluntary participation and the confidential and private nature of their responses. Prior to the completion of the instruments, a completed Informed Consent Statement was obtained from each of the subjects. Both instruments were collected in a way that assured that they were completed by the same respondent while, protecting the subject's privacy.

## CHAPTER 4

### RESULTS

All responses to both instruments were tallied. Individual scores for the six factors of the AEQ-R (e.g., Global Positive Change (GPC), Sexual Enhancement (SE), Physical and Social Pleasure (PSP), Increased Social (IS), Relaxation and Tension (RTR), and Arousal and Power (AP) were computed. Means and standard deviations were also computed. Independent sample t-tests were conducted for each of the six factors by group. A summary of the results is reported in Table 1.

Table 1

#### Student Status and Alcohol Expectancy Factors

<u>Military (n=35)</u>			<u>Non-Military (n=40)</u>		
<u>Scale</u>	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>	<u>t</u>
GPC	45.03	3.68	42.69	5.31	2.20*
SE	12.75	2.21	11.41	2.58	1.51
PSP	13.42	2.30	12.79	2.98	1.00
IS	16.81	2.92	17.10	3.13	-.42
RTR	15.06	2.75	13.67	2.56	2.27*
AP	15.39	2.12	15.15	2.43	.44

\* $p < .05$

$t(73) = 2.20, p < .05$



A significant difference between student groups for the Relaxation and Tension (RTR) factor, ( $t(73) = 2.27, p < .05$ ) was determined. No significant differences were reported among the groups when the remaining four factors (Sexual Enhancement, Physical and Social Pleasure, Increased Social, and Arousal and Power) were analyzed.

These results tend to indicate that, military students, when compared to non-military students, expect a more positive outcome: a positive change in their general environment, as well as a reduction in tension (a greater degree of relaxation) as the outcome from drinking.

## DISCUSSION AND CONCLUSION

This study was designed to examine possible differences in the alcohol-related expectancy in populations of military and non-military college students enrolled at Austin Peay State University. It was proposed that, military and non-military students would show significant differences in their alcohol expectancy as measured by their factor scores in the AEQ-R. Groups differed significantly in two of the six expectancy factors: General Positive Change and, Relaxation and Tension; with the subjects in the military group reporting a more positive expectancy on both factors. This outcome, would tend to imply that, military students expect their alcohol consumption to produce a positive change in overall feelings and, a higher degree of relaxation than, that of their non-military counterparts. This observation is consistent with Brown (1985a), Sher and Levinson (1982), Goldman et al. (1987), and Johnson (1993b).

Results of this study suggest that differences in alcohol expectancies existed between military and non-military college students. The military students reported more positive alcohol expectancies. In light of previous research which indicated that alcohol is the primary drug used on college campuses, it was surprising that the non-military group reported lower positive alcohol-related

expectancy from drinking (Engs & Hansen, 1989). The relatively small sample size and the restrictive status of legal age drinking of the participants may have limited the results of this study. Another factor that may have impacted the results, included the participants' level of maturity. Adult college students may endorse less positive alcohol-expectancy from drinking due to previous drinking experience. Previous experience with alcohol may have modified alcohol expectancy.

However, this study is, by its nature, a preliminary examination of possible differences that may occur between the two groups studied. The fact that military students reported endorsement of greater positive expectancies from the GPC and RTR factors could suggest that this group may be at risk for drinking, in part, in an effort to obtain general desirable outcomes and to reduce the level of stress. Future research should extend this study with larger sample size and a broader range of age in the population of military and non-military college students. Future work should also explore the relationship between alcohol-related expectancies and previous drinking experiences.

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## Appendix A

## INFORMED CONSENT STATEMENT

The purpose of this investigation is to investigate attitudes toward alcohol use among college students. Your responses are confidential. At no time will you be identified, nor will anyone other than the investigator(s) have access to your responses. The demographic information collected will be used only for purpose of analysis. Your participation is completely voluntary, and you are free to terminate your participation at any time without penalty. Thank you for your cooperation

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I agree to participate in the present study being conducted by Rosa Bell under the supervision of Dr. McCarthy of the Department of Psychology at Austin Peay State University. I have been informed, either orally or in writing, or both, about the procedures to be followed and about any discomforts or risks which may be involved. The investigator has offered to answer any further inquiries as I may have regarding the procedures. I understand that I am free to terminate my participation at any time without penalty or prejudice and to have all data obtained from me, withdrawn from the study and destroyed. I have also been told of any benefits that may result from my participation.

---

NAME (PLEASE PRINT)

---

SIGNATURE

---

DATE



## Appendix B

## DEMOGRAPHIC DATA

Date: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Student Status: \_\_\_\_\_ Military (Presently active  
duty/Reserved Military)  
\_\_\_\_\_ Non-Military

Age Group: \_\_\_\_\_ 21-25 \_\_\_\_\_ 26-30 \_\_\_\_\_ 31-35 \_\_\_\_\_ 36-over

Do you consider yourself a:

\_\_\_\_\_ Non-drinker (Less than one drink a year or not  
at all.)\_\_\_\_\_ Light drinker (Drink at least once a month, but  
not more than 1-3 drinks at any  
one time)\_\_\_\_\_ Moderate drinker (Drinks at least once a month,  
with no more than 5-6 drinks  
it any one time, or at least  
once a week with no more than  
3-4 drinks, or daily with no  
more than 1-2 drinks.)\_\_\_\_\_ Heavy drinker (Drinks 6 or more drinks at any  
one setting more than once a week)

\*Note: One drink is a shot of alcohol, one glass of  
wine or one can of beer.

## Appendix C

## ALCOHOL EXPECTANCY QUESTIONNAIRE - REVISED

The following pages contain statements about the effects of alcohol. Read each statement carefully and respond according to your own personal thoughts, feelings and beliefs about alcohol, now. We are interested in what you think about alcohol, regardless of what other people may think.

When the statements refer to drinking alcohol, you may think in terms of drinking any alcoholic beverage, such as beer, wine, whiskey, liquor, rum, scotch, vodka, gin, or various alcoholic mixed drinks. Whether or not you have had actual drinking experiences, you are to answer in terms of your beliefs about alcohol. It is important that you respond to every question.

PLEASE BE HONEST. REMEMBER, YOUR ANSWERS ARE CONFIDENTIAL. Please answer every item on then sheets.

IF YOU HAVE ANY QUESTIONS ABOUT THE MEANING OF ANY OR THE ITEMS IN THE QUESTIONNAIRE, ASK THE EXAMINER.

Do you agree or disagree with the following statements?

- \_\_\_\_\_ 1. Some alcohol has a pleasant, cleansing, tingly taste.
- \_\_\_\_\_ 2. Drinking adds a certain warmth to social occasions.
- \_\_\_\_\_ 3. When I am drinking, it is easier to open up and express my feelings.
- \_\_\_\_\_ 4. Time passes quickly when I am drinking.
- \_\_\_\_\_ 5. Drinking makes me feel flushed.
- \_\_\_\_\_ 6. I feel powerful when I drink, as if I can really influence others to do as I want.
- \_\_\_\_\_ 7. Drinking gives me more confidence in myself.
- \_\_\_\_\_ 8. Drinking makes me feel good.

- \_\_\_\_\_ 9. Having a few drinks is a nice way to celebrate special occasions.
- \_\_\_\_\_ 10. After a few drinks, it is easier to pick a fight.
- \_\_\_\_\_ 11. When I am drinking I feel freer to be myself and to do whatever I want.
- \_\_\_\_\_ 12. I feel more creative after I have been drinking.
- \_\_\_\_\_ 13. Drinking makes it easier to concentrate on the good feelings I have at the time.
- \_\_\_\_\_ 14. Alcohol allows me to be more assertive.
- \_\_\_\_\_ 15. At times, drinking is like permission to forget problems.
- \_\_\_\_\_ 16. I find that conversing with members of the opposite sex is easier for me after I have had a few drinks.
- \_\_\_\_\_ 17. Drinking is pleasurable because it is enjoyable to join with people who are enjoying themselves.
- \_\_\_\_\_ 18. I like the taste of some alcoholic beverages.
- \_\_\_\_\_ 19. If I am feeling restricted in any way, a few drinks make me feel better.
- \_\_\_\_\_ 20. Men are friendlier when they drink.
- \_\_\_\_\_ 21. If I have a couple of drinks, it is easier to express my feelings.
- \_\_\_\_\_ 22. Alcohol makes me need less attention from others than I usually do.
- \_\_\_\_\_ 23. After a few drinks, I feel more self-reliant than usual.
- \_\_\_\_\_ 24. After a few drinks, I don't worry as much about what other people think of me.

- \_\_\_\_\_ 25. When drinking, I do not consider myself totally accountable or responsible for my behavior.
- \_\_\_\_\_ 26. Alcohol enables me to have a better time at parties.
- \_\_\_\_\_ 27. Drinking makes the future seem brighter.
- \_\_\_\_\_ 28. I often feel sexier after I have had a couple of drinks.
- \_\_\_\_\_ 29. I drink when I am feeling mad.
- \_\_\_\_\_ 30. Drinking alone or with one other person makes me feel calm and serene.
- \_\_\_\_\_ 31. My feelings of isolation and alienation decrease when I drink.
- \_\_\_\_\_ 32. Alcohol helps me sleep better.
- \_\_\_\_\_ 33. I am a better lover after a few drinks.
- \_\_\_\_\_ 34. Alcohol decreases muscular tension.
- \_\_\_\_\_ 35. Alcohol makes me worry less.
- \_\_\_\_\_ 36. A few drinks makes it easier to talk to people.
- \_\_\_\_\_ 37. After a few drinks I am usually in a better mood.
- \_\_\_\_\_ 38. Alcohol seems like magic.
- \_\_\_\_\_ 39. Women can have orgasms more easily if they have been drinking.
- \_\_\_\_\_ 40. Drinking helps me get out of a depressed mood.
- \_\_\_\_\_ 41. After I have a couple of drinks, I feel more of a caring, sharing person.



- \_\_\_\_\_ 42. Alcohol decreases my feelings of guilt about not working.
- \_\_\_\_\_ 43. A few drinks make me feel less shy.
- \_\_\_\_\_ 44. If I am tense or anxious, having a few drinks makes me feel better.
- \_\_\_\_\_ 45. Alcohol enables me to fall asleep more easily.
- \_\_\_\_\_ 46. If I am feeling afraid, alcohol decreases my fears.
- \_\_\_\_\_ 47. Alcohol can act as an anesthetic, that is, it can deaden pain.
- \_\_\_\_\_ 48. I enjoy having sex more if I have had some alcohol.
- \_\_\_\_\_ 49. I am more romantic when I drink.
- \_\_\_\_\_ 50. I feel more masculine/feminine after a few drinks.
- \_\_\_\_\_ 51. Alcohol makes me feel better physically.
- \_\_\_\_\_ 52. Sometimes when I drink alone or with one other person it is easy to feel cozy and romantic.
- \_\_\_\_\_ 53. I feel like more of a happy-go-lucky person when I drink.
- \_\_\_\_\_ 54. Drinking makes get-togethers more fun.
- \_\_\_\_\_ 55. Alcohol makes it easier to forget bad feelings.
- \_\_\_\_\_ 56. After a few drinks, I am more sexually responsive.
- \_\_\_\_\_ 57. It is easier to act on my feelings after I had a few drinks.

\_\_\_\_\_ 58. It is easier to act on my feelings after I have had a few drinks.

\_\_\_\_\_ 59. When I fell "high" from drinking, everything seems to feel better.

\_\_\_\_\_ 60. I can discuss or argue a point more forcefully after I have had a drink or two.

\_\_\_\_\_ 61. A drink or two makes the humorous side of me come out.

\_\_\_\_\_ 62. After a few drinks, I feel brave and more capable of fighting.

\_\_\_\_\_ 63. Drinking can make me more satisfied with myself.

\_\_\_\_\_ 64. Alcohol makes me more outspoken or opinionated.

\_\_\_\_\_ 65. Drinking increases female aggressiveness.

\_\_\_\_\_ 66. I feel more coordinated after I drink.

\_\_\_\_\_ 67. Alcohol makes me more interesting.

\_\_\_\_\_ 68. A couple of drinks makes me more aroused or physiologically excited.

## Appendix D

## ITEMS IN THE AEQ-R QUESTIONNAIRE GROUPED BY THE ALCOHOL EXPECTANCY FACTOR THEY MEASURE

Factor 1 - Global Positive Change (GPC) (Number of items = 24)

12. I feel more creative after I have been drinking.
13. Drinking makes it easier to concentrate on the good feelings I have at the time.
19. If I am feeling restricted in any way, a few drinks make me feel better.
20. Men are friendlier when they drink.
22. Alcohol makes me need less attention from others than I usually do.
23. After a few drinks, I feel more self-reliant than usual.
25. When drinking, I do not consider myself totally accountable or responsible for my behavior.
26. Alcohol enables me to have a better time at parties.
27. Drinking makes the future seem brighter.
29. I drink when I am feeling mad.
30. Drinking alone or with one other person makes me feel calm and serene.
31. My feelings of isolation and alienation decrease when I drink.
35. Alcohol makes me worry less.
38. Alcohol seems like magic.
40. Drinking helps me get out of a depressed mood.