ALCOHOL ABUSE AND HOPELESSNESS IN YOUNG ADULTS

-A REPLICATION STUDY

By

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ABSTRACT

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Alcohol abuse among college students in the United States is a problem that has significant negative effects on their physical and mental health, personal life, family situation, and education. Alcohol abuse, combined with depression may lead to increased suicide attempts in the young adult population, who have suicide rates higher than the general population as a whole. The effects of alcohol abuse and depression may have a direct effect on hopelessness in the college population. This study will examine variance in hopelessness among young adults who differ in alcohol use. The relationship between hopelessness symptoms, as measured by the Beck's Hopelessness Scale (BHS), and young

adult alcohol abuse may provide additional planning tools for professionals in the prevention, treatment and relapse programs for young adult alcohol abusers. This study is a replication of the original study by Cynthia Polanco of UW-Stout (2001).

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TABLE OF CONTENTS

CHAPTER 1

Introduction

When young adults complete high school and decide to continue their education and enroll at a college or university, it is a time of great anticipation and excitement. For most new students, it is their first opportunity to live on their own and make adult decisions that affect their future without the direct influence of parents and other family members. They establish new social relationships and develop a new sense of independence.

However, this new lifestyle and added pressure confront young adults with decisions that can be harmful and problematic in their quest for future goals. One major challenge is the use and abuse of alcoholic beverages. Alcohol is inexpensive and abundantly available from older college students. One favorite student recreational activity is the weekend party where alcoholic beverages are served. Students often drink to the point of intoxication due to peer pressure and lack of alcohol tolerance.

The problem of alcohol abuse increases on college campuses throughout the United States. A recent UW-Stout study revealed that 87.7% of UW-Stout students have consumed alcohol in the past 30 days and 82.5% underage students consumed alcohol in the same period. The same study showed that 70.2% of the students reported binge drinking in the last two weeks (Ebel, 2000).

Problems caused by alcohol abuse among college students include negative consequences such as missed classes, poor performance on tests or

important projects, hangovers, memory loss, fights and arguments, high risk sexual activity, intoxicated driving, and other legal problems. Binge drinking is a very common and serious problem for the alcohol abuser and for the non-abuser. Students who associate with binge drinkers are more likely to experience negative consequences such as being hit, assaulted, and subject to unwanted sexual advances (Wetchler, Davenport, Dowdall, Moeykins, and Castillo, 1994).

Research demonstrating the problems of alcohol abuse are alarming to both students and college administrators. To address problem drinking among students, many colleges and universities have developed alcohol prevention and intervention programs. These programs vary from those aimed at the total student body to those that focus on students who have been identified as alcohol abusers (Walters and Bennett, 2000).

An important relationship exists between alcohol abuse and depression. Most people entering alcohol treatment also have some symptoms of depression (Brady, Halligan, & Malcom, 1999). The longer individuals abuse alcohol, the more likely they are to acquire depressive symptoms (Beck, Rush, Shaw, & Emory, 1979). Some of these symptoms include feeling ‘down in the dumps’ and ‘having the blues’ after a period of heavy alcohol use. These feelings occur because alcohol is a central nervous system (CNS) depressant. In large doses, alcohol depresses the CNS, which tends to induce drowsiness and can cause sleep. When large doses are consumed in a short period of time, severe depression of the brain system and motor control area of the brain occurs producing uncoordination, confusion, disorientation, stupor, anesthesia, coma,

and even death (Hanson & Venturelli, 1998). Alcohol abuse is not the only cause of depression in college students. Other major factors associated with depression among college students are loneliness, grade problems, money problems, and relationship problems (Furr, McConnell, Westefeld & Jenkins, 2001).

Hopelessness, a common symptom of depression, is based on distorted thinking. The depressed individual may claim; I feel hopeless, therefore I am hopeless. Young adults who experience symptoms of hopelessness are at increased risk of suicidal ideation. When a person has the feeling that things will never change and there is nothing that can be done about it, hopelessness can be overwhelming. Hopelessness is a better predictor of suicide than depression (Westfeld, 2000).

There is strong evidence that alcohol use often precedes suicidal ideation and behavior. Studies have shown that many students who have experienced a heavy episodic drinking binge in the past 30 days also have seriously considered suicide. Colleges and universities rely on this research to support and train faculty and staff to identify students who are at risk for suicide, foster peer support programs and ensure that mental health services are available. (Brenner, Hassan, and Barrios, 1999).

College is a time in students' lives when they are able to mature and develop a career direction and become productive members of society. Problems related to alcohol use should not be a hindrance to their education and development. This study provides information regarding the relationship between hopelessness and alcohol abuse in college students. The findings of the study

provide insight into prevention, treatment, and relapse programming on college and university campuses.

This study is a replication of a study completed by Cynthia Polanco of UW-Stout in the spring of 2001. The results of the previous study showed that both hypotheses (as seen below) could not be rejected. This study includes a larger sample size as recommended by Polanco.

Statement of the Problem

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

Null Hypotheses

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

Definition of Terms

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

Abstinence: Voluntary refraining, especially from drinking alcoholic beverages as defined by the DSM IV-TR.

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

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

Alcohol Dependency: Chronic behavioral disorder manifested by repeated drinking of alcoholic beverages in excess of dietary and social uses of the community to an extent that it interferes with the drinker's health and their social and economic functioning (DSM IV-TR).

Binge Drinking: The ingestion of five or more alcoholic beverages in one sitting in the past 2 weeks. (Four for women)

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

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

Relapse: A return to alcohol use and behaviors after a period of abstinence from its use.

Suicidal Ideation: Recurrent thoughts of killing oneself.

Chapter II

Review of Literature

This review of literature concerns the prevalence and implications of alcohol use and abuse in the college population at a national level and at UW-Stout. Other sections address the alcohol abuse and its effects on depression, suicide, and hopelessness among college students.

Alcohol Abuse among college students

During the past decade college administrators, counselors, and researchers have examined the problem of alcohol use and abuse on college campuses in the United States. Alcohol use by college students has both short and long term effects on the entire student population. The college student population has a higher number of problem drinkers than any other group in the United States. The fact that many college students are younger than the legal drinking age makes these findings particularly serious.

A review of studies conducted by Heck & Williams (1994) indicates that college student heavy drinking is a strong predictor for problematic drinking in later years. This study supports the hypothesis that college students who experience problematic drinking are more likely to become alcoholics as adults than students who are non-problematic drinkers.

Several nationwide studies have been conducted on student alcohol abuse on college campuses. A 1993 study by the Harvard School of Public Health

examined the extent of binge drinking by college students. In the study, a self-report survey was sent to young adults ages 18 to 26 in 140 Four-year colleges. At each school, randomly selected respondents completed a 20-page questionnaire that asked about their alcohol-related beliefs, behaviors and experiences. Results of the survey showed that 44% of the college students responding to the survey were binge drinkers and 47% of the frequent binge drinkers had experienced five or more different drinking related problems, including injuries and unplanned sex. Those student who are not binge drinkers who attend schools with higher binge rates are more likely to experience problems such as being assaulted and experiencing unwanted sexual advances than those who attend schools with lower binge rates (Wetchler, Davenport, Dowdall, Moeykens, and Castillo, 1994).

Binge drinking is defined as the ingestion of five or more (four for women) alcoholic beverages in one sitting during the past two weeks. Wechsler et al., (1994) provided the following viewpoint:

> "The consequences of binge drinking often pose serious risks for drinkers and for others in the college environment. Binge drinking has been associated with unplanned and unsafe sexual activity, physical and sexual assault, unintentional injuries, other criminal violations, interpersonal problems, physical or cognitive impairment, and poor academic performance"(p. 1672).

According to the 2000 UW-Stout Alcohol and Other Drug Use Survey Report (Ebel, 2000), 87.7% of Stout student surveyed reported that they had used alcohol in the past 30 days, 70.8% reported binge drinking in the previous two

weeks and 42.4% reported that they have binged at least three times in the previous two weeks.

The UW-Stout survey (Ebel, 2000) shows that many students suffer significant consequences following their drinking or drug abuse during the past year. Some of the negative consequences most often reported by students were missed classes, performance poor on tests or important projects, hangovers, memory loss, arguments or fights, regretted behavior, and intoxicated driving.

The UW-Stout study also noted that the negative consequences of alcohol use at UW-Stout were higher than schools in the national average. Forty-six percent of Stout students have been in an argument or fight as a consequence of their alcohol or drug use, compared to 29 percent of the total national respondents. Forty-three percent of the Stout students surveyed have performed poorly on a test or important project, as compared to the national average of 21 percent. Ebel (2000) offers; “one must be struck by the high percentage of Stout students who experience serious, even life-threatening consequences as a result of their own environment.” (P.3).

In Polanco’s (2001) survey of 604 UW-Stout students, 58.1 percent of respondents indicated they drink every week; 45.3 percent stated they drink six or more drinks per occasion; and 29.9 percent or respondents indicated they drink 16 or more alcoholic beverages per week. Eleven point five percent of the non-problematic/non-user group indicated they consume more than six drinks per setting.

Many of the students surveyed at the national and local level can be classified as alcohol abusers under the DSM-IV criteria. As Wechsler (1995), suggests, “Certainly, not all students who have ever binged have an alcohol problem; but colleges with large numbers of drinkers do”(p.1676). Of those surveyed in the Harvard study, less than 1% of those surveyed classified themselves as problem drinkers, and only 22% of the frequent binge drinkers thought they had a drinking problem (Wechsler et.al., 1994).

The concern regarding substance abuse on college campuses is not limited to the problems of binge drinking. Researchers have also found that students who binge drink are more likely to have used other drugs such as cigarettes, marijuana, and cocaine (Jones, Oeltmann, Wilson, Brener, Hill, 2001). UW-Stout students have reported that they had used other drugs in the past 30 days such as Tobacco (50.7%), Marijuana (25.2%), Amphetamines (4.8%), Designer drugs (4.0%), Cocaine (3.5%), and Hallucinogens (2.0%) (Ebel, 2000).

Although the public may think that the problem of binge drinking is focused primarily on the male gender, binge drinking also is a significant problem for female college-age students. Due to body size and composition, females experience the negative consequences of binge drinking with less alcohol in their system. In Ebel’s (2000) UW-Stout study, 46% of the women surveyed had driven a motor vehicle while under the influence and 18% had been taken advantage of sexually. Two percent of females, the same as male respondents, reported having a serious suicide attempt due to alcohol or drug use. These numbers indicate the seriousness of alcohol abuse in females as well as male college students.

Depression and Alcohol Abuse

Depression is a mood disorder characterized by disturbances in mood and affect. People with symptoms of depression often feel sad, blue and "down in the dumps." They may complain of the loss of self-esteem, difficulty with concentration, loss of interest in activities, lack of energy, pessimism, and crying (Rathus, 1999).

Beck , et.al. (1993), describes individuals suffering from depression:

> "Individuals who see themselves trapped in a situation in which they have no control, believe they are helpless or socially undesirable, and can only see a wall of difficulties and disappointments ahead are likely to (1) the only solution, (4) experience a subjective loss of energy, (5) lose motivation to attempt any constructive activity ("because it is useless and I will only fail"), and (6) lose satisfaction from sex, eating, or other formerly pleasurable activities." Dysfunctional beliefs in the addicted individual have a strong negative effect on the individual's thinking, feeling, motivation, and behavior. Some of these negative feelings may be manifested in statements like; "I am helpless," "I am weak," "I am worthless" (p.227).

Murphy & Wetzel, (1990) assert that comorbidity of alcohol abuse and other illnesses is common. The term dual diagnosis is refers to a person that is diagnosed with both a chemical abuse or dependency problem and a coexisting psychiatric disorder. Individuals with a psychiatric disorder are at an increased risk for having a substance abuse disorder (Evans & Sullivan, 1990). The most

common psychiatric disorder that accompanies alcohol abuse is major depression. “Major depression was one and one half times more frequent in alcoholics than non-alcoholics” (Murphy & Wetzel, 1990, p. 390). Alcohol is a sedative-hypnotic drug that induces sedation and drowsiness, and in some cases, coma (Fischer & Harrison, 2000). Individuals who are developing a drinking problem may be ingesting alcohol to relieve feelings of boredom, depression, anxiety, or inadequacy (Coon, 1998).

Studies have shown that the relationship between alcohol abuse and depression are common in the field of substance abuse treatment. Brady, Halligan, Malcom (1999) state: “Up to 98% of individuals presenting for substance abuse treatment have some symptoms of depression. Many of these symptoms resolve with abstinence alone. Obviously, assessment done to early in recovery may lead to over diagnosis and unnecessary treatment” (p.477).

> Beck, et.al. (1993), writes: “ It may not be possible in some cases to make an absolute diagnosis of depression for several months after a drug addicted individual has completed a detoxification program since the use of drugs may in itself produce a clinical picture similar to a mood disorder. The approach to depressed drug users can be formulated in ways similar to depression in general. It is helpful to inquire about the negative cognitive triad: patients’ view of themselves, their immediate life situation, and their future” (p.226).

While alcohol abuse is a major cause of depression, other factors can cause symptoms of depression for those who do not use alcohol. Other factors

that can lead to depression are loss of a family member or friend, financial difficulties, medical, or legal problems (Beck, et.al.,1993).

Depression, Hopelessness and Suicide

Sadness is a normal human emotion in response to various difficult and challenging events in life. Depression that has no known cause and interferes with normal activity is pathological. Nearly 8 percent of the U.S. population will develop a mood disorder at some time during their lives. About 5 percent of the population will develop major depression, occurring twice as often in women than in men (Julien, 1995).

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

- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex.
- Insomnia, early morning awakening, or oversleeping.
- Persistent sad, anxious, or “empty” mood
- Feelings of *hopelessness*, pessimism
- Thoughts of death or suicide, suicide attempts
- Difficulty concentrating, remembering, making decisions
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain (p.2).

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

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

Having thoughts of killings oneself is common. Up to one third of all people in the general population have had suicidal ideations at one time or another in their lives. There are approximately 18 suicide attempts for every suicide. Women have higher rates of attempted suicide but lower rates of actual suicide than men (Hirschfeld & Russell, 1997).

The strongest predictor of suicide is psychiatric illness. Over 90 percent of those who commit suicide have a diagnosable psychiatric illness at the time of death, usually depression, alcohol abuse, or both (Hirschfeld & Russell, 1997).

O"Boyle & Brandon (1997) write; "Alcohol and sedative hypnotic drug abuse was more commonly seen in suicide attempters suggests that central nervous depressants, especially in combination, increase the risk of such behavior. The mechanism of this increase risk has been suggested to be potentiation of depressants when used in combination" (p.356).

Hopelessness has been defined as having a negative expectation of oneself and the future, and is one of the core characteristics of depression (Beck, Weissman, Lester, & Trexler, 1974). Depressed individuals, by virtue of negative

schema, are proposed to hold attitudes that are dysfunctional in nature (Molianen, 1995).

Hopelessness is a common symptom of depression that is based on distorted thinking. One of these distortions is called emotional reasoning. The depressed individual may claim, 'I feel hopeless, therefore I must be hopeless.' Another distortion that leads to feelings of hopelessness is fortune-telling, making a negative prediction that you never will improve. Other cognitive distortions may include; all-or-nothing thinking, over generalization, mental filter, discounting the positive, "should" statements, and labeling (Burns, 1980).

The ability to generate solutions to problems is a sign of healthy functioning. The sense of hopelessness may originate out of a permanent cognitive deficiency, resulting in difficulty with generating new solutions to problems. When the feeling of hopelessness in the individual becomes to powerful for them to handle, suicidal ideation may arise (Beck, et.al. 1979).

When dealing with hopelessness in suicidal patients, the suicidal patient will give responses such as the following:

1. There is no point in living. I don't have anything to look forward to.
2. I just can't stand life. I can never be happy.
3. I am feeling so miserable this is the only way I can escape.
4. I am a burden to my family and they will be better off without me

(Beck, et.al. 1993, p. 215).

These statements are representative of hopelessness. Suicidal patients usually regard suicide as the easiest, most attractive way to deal with their

problems. They see themselves trapped in a bad situation and view suicide as the only way to deal with unsolvable problems (Beck, et.al. 1979).

The actual number of reported deaths from suicide in 1996 was 30,903 (NIMH). This figure translates into approximately 84 suicides per day, or 1 in every 17 minutes, and makes suicide the 9th leading cause of death overall.

According to Rathus (1999), Most suicides are linked to feelings of depression and hopelessness. Other factors in suicide include anxiety, drug abuse, problems in school or at work, and various social problems. Suicide attempts are more common after stressful events that entail loss of social support, such as the loss of a spouse, friend, or relative.

Westefeld (2000), writes: “Hopelessness and helplessness are two cognitive/affective states that are often present in suicidal clients” (p. 451). The feeling that things will never change and that there is nothing that can be done about it can be overwhelmingly distressing. Hopelessness is a particularly bad sign, is a better predictor of suicide risk than depression (Weishaar & Beck, 1992).

Depression, Suicide, Hopelessness in College Students

Among the college students responding to a survey by Furr, McConnell, Westefeld & Jenkins (2001), who stated they had experienced depression since entering college, the most frequent causes of depression were grade problems (53%), loneliness (51%), money problems (50%), and relationship problems with boyfriend/girlfriend (48%). These depression-causing issues are also indicative of how college students might experience depression after obtaining legal fines such

as DWIs, underage drinking violations, public disturbance violations, etc. When facing consequences, individuals might desire to numb negative feelings such as grief, sadness, shame and guilt with alcohol (Kassel, Jackson & Unrod, 2000). The losses can exacerbate both depression and alcohol abuse.

The UW-Stout survey showed that 7.6% of the Stout students surveyed seriously thought about suicide and 2.3% seriously tried to commit suicide as a result of their drinking of drug use during the last year (Ebel, 2000). Kent's study indicate that from those surveyed who meet criteria for alcohol abuse, 20.8 percent indicated they have experienced thoughts of suicide compared to the non-problematic users which had 12.4 percent. Ten point seven percent of the respondents from the alcohol abuser group indicated that they have attempted suicide as compared to 6.1 percent of non-problematic users (Polanco, 2001).

In a study conducted by Furr, et.al. (2001), students in the survey were asked if they had ever thought about committing suicide since coming to college. Nine percent responded that they had. When asked if they had ever attempted suicide while at college, approximately 1% stated that they had attempted suicide. Hopelessness was the most frequent contributing factor to suicidal ideation or behavior by students who identified themselves as having suicidal thoughts (49%), followed by loneliness (47%), and helplessness (37%).

In 1995, the National College Health Risk Behavior Survey (NCHRBS) was conducted by the Center for Disease Control. The results showed that about 1 in 10 students had seriously considered suicide during the 12 months preceding the survey. During that time, .04% made a suicide attempt that required medical

attention (Brener, Hassan, & Barrios, 1999). The same study indicated that 44% of those who had a heavy episodic drinking binge at least once in the past 30 days seriously considered suicide. According to the author, the study demonstrated a clear association between alcohol use and suicide ideation among college students. Alcohol use may foster suicidal ideation by increasing impulsivity, decreasing inhibition, and creating social isolation and personal failure. Even stronger evidence that alcohol use precedes suicidal ideation and behavior comes from a longitudinal study that found that alcohol use was a strong predictor of later suicidal ideation and behavior (Reifman, Windle 1995). Community studies have demonstrated a significant association between suicidability and diagnosis of major depression and alcoholism. Those with major depression and alcoholism display a high level of suiciality. (Cornelius, Salloum, Day, Thase, & Mann 1996).

The review of literature demonstrates the connection between alcohol abuse, depression, hopelessness, and suicide. Alcohol abuse is shown to be a major contributor to depression, which, in turn, can lead to feelings of hopelessness. The negative results of alcohol and drug abuse, intoxicated driving, risky sexual behavior, and poor academic performance potentiate the problems of abuse. If left undiagnosed, this can lead to higher risk of suicidal ideation and suicidal behavior in young adults. It is important that these issues are dealt with by mental health professionals at the college and community levels in order to provide prevention and treatment programs for those in need.

CHAPTER III

Methodology

Introduction

The methodology of this research is divided into four sections: subject selection and description, instrumentation, data collection, and data analysis. Subject selection and subject description describe who participated in the study and why they were chosen as the sample population in this study. The section on instrumentation describes what instruments were used and their levels of validity and reliability. The sections on data collection and data analysis provide information on the process by which data was collected and the statistical test chosen for data analysis.

Subject Description and Selection

The subjects chosen for this study were drawn from University of Wisconsin-Stout undergraduate students enrolled in introductory psychology and vocational rehabilitation classes in the spring semester of 2002. The subjects of this study included 158 undergraduate students, ages 18 to 25. The student subjects were identified and divided into alcohol use (non-problematic) and alcohol abuse (problematic) groups for analysis.

The assignment of subjects to groups was based upon self-reported alcohol use (Appendix A). The problematic group, which includes a total of 91 individuals, was selected based on reported problematic drinking using the DSM IV-TR criteria for

alcohol abuse. The non-problematic group included 67 individuals reporting abstinence or non-problematic use of alcohol on the self-report questionnaire.

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

a) Recurrent alcohol use results in failure to cover responsibilities at school, work, or home (e.g. absences due to being intoxicated or hung over)
b) Frequent use of alcohol in hazardous situations (e.g. driving under the influence
c) Recurrent legal problems due to the use of alcohol (e.g. arrests due to misconduct while intoxicated);
d) Continues alcohol use even when social or interpersonal problems are present due to the effects of alcohol (e.g. arguments due to alcohol use) (p.326)

Instrumentation

The instruments used in this replication study are identical to those used in the original study by Polanco in 2001. The study used the Beck Hopelessness Scale (BHS), a 20-item instrument that measures the extent of negative attitudes about the future as perceived by young adults (Appendix A). In addition, a self-report questionnaire developed by the researcher was used to obtain demographic data and drinking pattern information that would enable classification of alcohol abuse or non-problematic use (Appendix B). This instrument also assessed if suicidal ideation

was present. The classification of alcohol abuse was made by four statements taken directly from the DSM IV-TR criteria for alcohol abuse. Any statement answered 'yes' automatically classified the subject as an 'alcohol abuser' using the DSM IV-TR criteria.

Reliability of the BHS

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

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

Item analysis. The BHS items are dichotomus, which means that each item is scored as 0 or 1. If each item is multiplied by 100, the number indicates the percentage of subjects choosing hopelessness represented by that item. There was a great variation in percentages between the samples where, for example, only 8% of alcoholics scored positive on hopelessness in item #1, whereas 68% of recurrent-episode Major Depression patients did (Beck & Steer, 1993).

Validity.

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

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

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

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

Construct validity. The BHS was constructed to study hopelessness in psychiatric patients who were at risk of committing suicide. Several studies suggest that there is a higher relationship between hopelessness and suicide than between

depression and suicide. Hopelessness appears to be a more reliant predictor of suicide intent than depression. The BHS has also been used to study the relationship between suicidal ideation and intention in at-risk populations for suicide, such as substance abusers (Beck & Steer, 1993).

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

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

Data Collection

In each of the classes chosen for the study, the researcher introduced the survey and asked subjects to sign the consent forms indicating their willingness to be included in the study. Participants were then given the self-report questionnaire, the Beck Hopelessness Scale, given instructions for each instrument. Upon completion, the researcher collected the instruments and assigned a numerical code to each subject to assure confidentiality and anonymity.

Data Analysis

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

To test the hypotheses the researcher used the BHS and the self-report questionnaire. For the first null hypothesis, a t-Test for independent sample means was used to compare the alcohol abuse group hopelessness scores in relation to hopelessness scores of non-problematic or non-alcohol users. In other words, for any two groups tested with the same instrument, both samples can be compared.

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

Limitations

The methodology may contain the following limitations:

1. The subjects may be dishonest in answering the Beck Hopelessness Scale and/or the alcohol use questionnaire.

2. Subjects may not be true representation of the young adult college age population. Therefore, the results of this study may not be generalized to a larger population.

CHAPTER IV

Results

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

Demographics

There were a total of 158 participants in the survey. Of this total, 41.8 percent (66) were male and 58.2 percent (92) were female. Thirty six percent of the respondents (57) were 19 years old; 18.4 percent (29) were 20 years old; 16.5 percent (26) were 18 years old; 16.5 percent (26) were 21 years old; 7.6 percent (12) were 22 years old; 1.9 percent (3) were 23 years old; 1.9 percent (3) were 24 years old; and 1.3 percent (2) were 25 years old.

A majority of the participants were freshman in college, with 45.6 percent (72) of the total. Twenty six percent (41) of the respondents were sophomores; 19.6 percent (31) were juniors; 7 percent (11) were seniors; 1.9 percent (3) identified themselves as special students.

Ninety four percent (149) respondents of the survey indicated they were Caucasian in their ethnic background; 1.9 percent (3) indicated being Asian American; and 1.3 percent (2) indicated being African American. Two percent (4) of the respondents in the survey did not state ethnic background.

For marital status, most of the respondents to the study indicated they were single with 95.6 percent (151) of the total. One point nine percent indicated they were married and 2.5 percent (4) did not indicate their marital status.

In order to test the stated hypothesis for this study, respondents were asked to indicate the amount and frequency of their alcohol intake. Items 1 to 4 on the survey (see appendix A) were used to measure this pattern among students. Ten point eight percent (17) of the respondents indicated they had consumed alcohol the day previous to answering the survey; 46.8 percent (74) indicated that they drink every week; 29.7 percent consume at least six or more drinks per occasion; and 13.3 percent drink 16 or more drinks per week.

To test whether or not a participant is considered an alcohol abuser, criteria from the DSM IV-TR was used to determine alcohol abuse. If respondents answered yes to any of the diagnostic criteria of the survey, they would automatically be considered alcohol abusers. Fifty seven percent (91) of the respondents qualified as alcohol abusers and 42 percent (67) were considered non-problematic according to DSM IV-TR criteria.

From the group classified alcohol abusers, 41.8 percent (38) were males and 58.2 percent (53) were females. The non-problematic group consisted of 41.8 percent (28) males and 58.2 percent (39) females. The abuser group had 36.3 percent (33) freshman students, 29.7 percent (27) sophomores, 22 percent (20) juniors, and 9.9 percent (9) seniors. The non-problematic/non-user group had 58.2 percent (39) freshman students, 20.9 percent (14) sophomores, 16.4 percent (11) juniors, and 3 percent (2) seniors.

When the students were asked if they had ever experienced thoughts of suicide, 24.2 percent (37) indicated they have had suicidal thoughts. From the abusers group, 24.1 percent (21) as compared to the 24.2 percent (16) of the non-problematic users indicated thoughts of suicide. Seven point eight percent (7) of the respondents from the alcohol abusers group have indicated they have attempted suicide, as compared to 3 percent of the non-abusers group.

Statistical Analyses and Their Relationship to the Null Hypotheses

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

Alcohol abuse and BHS hopelessness scores.

Hypothesis #1 dealt with the difference between hopelessness scores, as measured by the Beck Hopelessness Scale (BHS), for young adults who abuse alcohol as compared to those who experience non-problematic use or no use of alcohol. It was hypothesized that there would be no statistically significant difference in BHS mean scores between young adults who abuse alcohol as compared to those who do not use alcohol or are non-problematic users. The mean score on the non-problematic group, based on an N of 67, was 2.01 (SD=1.79). The score for alcohol abusers group based on an N of 91, was 2.09 (SD=1.73). The difference between the two mean scores was statistically non-significant. Therefore, the null hypothesis could not be rejected (see table 1).

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

Respondent Abuses Alcohol Yes/No	N	BHS mean	Std. Deviation	St. Error Mean	t
No	67	2.01	1.79	.43	-2.745
Yes	91	2.09	1.73	.27	

Df=156

Gender, alcohol abuse, and hopelessness scores.

Hypothesis #2 dealt with the difference between male and female alcohol abusers and hopelessness scores. It was hypothesized that there would be no statistically significant difference in BHS hopelessness scores between male and female subjects who were classified as alcohol abusers. The mean BHS score of male alcohol abusers, based on an N of 38, was 1.84 (SD= 1.84). This score was not significantly different when compared to the female alcohol abusers group which, based on an N of 53, was 2.26 (SD=2.26). Therefore, the null hypothesis could not be rejected (see table 2).

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

Gender of Respondent	N	BHS Mean	Std. Deviation	St. Error Mean	t
Male	38	1.84	1.70	.28	.253
Female	53	2.26	1.74	.24	

Df=91

CHAPTER V

Discussion

Summary of Findings

The current study replicates the original study by Polanko (2001). The study examined the relationship between alcohol abuse in young adults and hopelessness scores, as measured by the Beck Hopelessness Scale. This relationship was investigated by computing the participants' scores of the Beck Hopelessness Scale (BHS), and comparing them with each group according to alcohol use patterns (alcohol abusers vs. non-problematic/non-users). It also examined differences between genders of the alcohol abuse group in regards to BHS mean scores. In this final chapter, the research results have been summarized, limitations have been reported and recommendations for future studies have been presented.

This study does not show any significant statistical differences than the original study by Polanco (2001). In that study of 117 respondents from UW-Stout, both null hypotheses could not be rejected due to no significant difference.

Although the percentages of respondents who have ever experienced thoughts about suicide were nearly the same, it is important to note that those who responded as alcohol abusers were more likely to attempt suicide than non-abusers. Seven point eight percent (7) of the alcohol abusers group stated they have attempted suicide and opposed to 3 percent (2) of those who are non-abusers.

An area of interest in this study is the results of question #5 on the Alcohol Use Survey. Respondents in the abuser group stated that 82.2 percent have driven under the influence of alcohol, 47.3 percent have had legal problems due to drinking, and 36.7 percent have continued to use alcohol even when problems are present.

Limitations

There are several possible reasons that may have contributed to the non-significant results in this study. The most notable limitation in the current research is that the respondents may have been dishonest in answering the alcohol abuse questionnaire and or the Beck Hopelessness Scale. Due to peer pressure or the need to hide their alcohol use or feelings of hopelessness, respondents may not have been truthful in answering the questions on the survey and the BHS

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

Recommendations for Future Studies

The results of this replication study and the original by Polanco (2001) both show no significant difference in mean hopelessness scores between alcohol abusers and non-problematic users. This may signify that alcohol abuse and hopelessness are not related specifically in the college–age population.

This researcher recommends that alternate assessment instruments to measure hopelessness should be investigated for relevance to the population being studied. The study should also be conducted at several colleges and universities around the nation in order to obtain complete an accurate data. Increased awareness into the problems associated with alcohol abuse, hopelessness, and suicide on the college campus is vital in order to provide for proper identification, assessment, and treatment. Through the development of effective screening tools for those affected by alcohol abuse and suicide ideation, many students who are suffering, and those who will suffer in the future will have a better chance for long term recovery and live a more stable and healthier life throughout adulthood.

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Appendix A

ALCOHOL USE SURVEY

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

Age _____ **Gender** M F

Marital Status _____ **Year in School** _____

Race/Ethnicity _____

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

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

1. When was the last time you drank?

Last night ____ Two days ago ____ A week ago ____ A couple of weeks ago _____

A month ago _____ More than two months ago _____

2. How often do you usually drink?

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

3. Number of drinks per occasion:

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

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

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

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

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

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

If yes, please indicate the frequency

Daily _____ Weekly_____ Monthly _____ Bimonthly _____ Twice/year _____

7. Have you ever attempted suicide? Yes No

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

Yes No