An exploration of cross-national differences in the drinking behaviour of Italians and English: A multi-method exploratory study

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An exploration of cross-national differences in the drinking behaviour of Italians and English: A multi-method exploratory study

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Abstract

Introduction: A range of factors including individual, socio-cognitive, <mark>political</mark> and those relating to geographical location provide important contexts for understanding influences on drinking behaviour. The relationship between these factors is an area that has been under-researched, so too are comparisons between the drinking behaviour of people in different cultural contexts. This is important when national rates of average alcohol suggest that lessons can be learned from countries with relatively low levels of alcohol consumption. The research reported in this thesis provides an in-depth exploratory <mark>analysis of individuals' experiences of drinking in Italy</mark> <mark>and England</mark>, and investigates a range of motivations to drink alcohol, including, motives to drink, alcohol outcome expectancies and factors which promote drinking in moderation or <mark>abstention</mark>.

Methods and participants: This research adopted a mixed methods design comprised of two studies. In the first study, a qualitative approach was adopted to <mark>explore the experience of n=24 social drinkers</mark> based in Italy and England. The second study used a quantitative approach and <mark>involved an overall total of n=403 (inclusive of abstainers) participants</mark> in Italy and England, who were asked to complete a battery of questionnaires to assess alcohol intake and a range of measures related to drinking behaviour.

Findings: <mark>National differences were demonstrated for Italian and English respondents. Key findings were that English respondents were more likely to associate drinking with positive outcome expectancies, and were more likely to see drinking as a means of coping. Findings for the Italian sample suggested that drinking was linked to positive perceived parental attitude, self-perception / monitoring expectancies, and conformity; all these factors appeared to reduce levels of alcohol intake. Abstention and limiting factors suggested that 'indifference towards' alcohol was important for Italian abstainers when compared to limiters and to heavier drinkers. Additionally, outcomes for English abstainers suggested that indifference towards alcohol, family constraint, and religious constraint, were deciding factors that play a part in an individuals' decision not to drink alcohol.</mark>

Conclusion: The differences between the drinking patterns of Italian and English drinkers is complex and context specific. However, emerging from this research are key areas for informing policy which seek to promote levels and patterns of safe drinking. Following findings on the relationship between the "drinking to cope" motive and rising unitary intake in the English sample, it is suggested that further lines of research could explore using mindfulness techniques to enhance coping strategies in people who drink excessively.

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I wish to express thanks to my sister Elena for all the times she has endured emotional rants of low self-esteem. Melanie Morrisey for her efforts in helping me and Jonathan Boyd for being my brother and being supportive. Finally, I would like to thank Fabiola Fuentes and Dominic Metcalfe for their support and time at the end of this process.

I dedicate this PhD thesis to my sister Elena Perrino, father Pietro Paolo Perrino and my mother Christina Maria MacKay Perrino.

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Overview of the Thesis

This thesis explores differences between English and Italian nationals on a range of socio-cognitive factors deemed important in decision-making about alcohol consumption. These factors consist of: drinking motives; alcohol outcome expectancies; and motives to limit and/or abstain from drinking alcohol. A unique aspect of the research is that it focuses on two nations characterised by very diverse drinking styles: England and Italy. They are considered different in terms of their historical approaches to drinking behaviours, cultural norms set up around drinking, and attitudes towards the way in which drinking alcohol is viewed between groups and across society. This is reflected in the national statistics relating to each country, where, for example, fatal liver disease related to drinking alcohol has shown an increase in England with a corresponding decline in Italy over the past 15 years. Also relevant is the consumption per capita of alcohol, which has been steadily decreasing across the population in Italy over the last 10 years (ISTAT, 2015). Therefore, studying alcohol drinking motivation between the two nations is important in terms of providing a clearer understanding of the 'drinking cultures' and contemporary beliefs surrounding social drinking. There are many motivations and expectancies when drinking alcohol, which can be explicit or implicit. It is widely accepted that when people drink, alcohol motivations and expectancies are thought to regulate the quality of their emotional experiences (see; Fromme, et al., 1995). Therefore, it is the further aim of this thesis to examine the experiences, judgements, and decision-making about alcohol consumption by individuals based in Italy and England. The thesis will explore differences and similarities in the beliefs and motivations, which can influence alcohol consumption in terms of quantity and

frequency. The studies in thesis explore national alcohol consumption patterns, and characteristics, which appear to either promote drinking or abstaining from taking alcohol in the Italian and English samples. Furthermore, understanding what is driving these drinking characteristics on motivational and outcome expectancy factors can suggest individual risk as well as highlighting recommendations for policy and primary prevention to lower or moderate alcohol use. The research in this thesis explores both countries in terms of these concepts with the aim to further understanding contextual differences in what influences the drinking behaviour of individuals in each nation.

Summary of chapters

Chapter 1 comprises of an introduction to the research area. It provides national profiles on alcohol intake, specific drinking patterns and policy directives in relation to alcohol. The chapter includes a literature review of motives and influences on drinking, limiting, and abstaining from taking alcohol, and alcohol outcome expectancies. A range of other factors are also reviewed such as the peer and parental influence. The chapter concludes by setting out the research questions.

Chapter 2 describes the methods employed for the two major studies reported in this thesis, and provides a rationale for the mixed-methodological approach used. Ethical considerations are discussed and methodological components such as sampling, procedures of data collection, and strengths and weaknesses are discussed in relation to use of online medium and social networking sites.

Chapter 3 reports on the first of the two major studies in this thesis; namely a qualitative exploration into the individuals' experiences of alcohol consumption amongst a sample of English and Italian participants.

Chapter 4 is the first of three chapters to report on the findings of the major quantitative study conducted for this thesis, which is an investigation into the drinking motives of English and Italian respondents. These motives – namely Social, Enhancement, Coping and Conformity - are examined in terms of whether there are any observed differences in the English and Italian responses in terms of parental supervision, attitude, gender, and quantity of alcohol consumed.

Chapter 5 reports on positive and negative alcohol outcome expectancies among the English and Italian respondents, where positive expectancies are generally linked to heightened levels of alcohol intake and negative expectancies to lowered intake.

Chapter 6 focuses on the final aspect of the quantitative study, which is limiting, and abstaining motives related to drinking alcohol among English and Italian sample. These motives include Fear of Negative Consequences, Dispositional Risk (medical and genetic), Family Constraint, Religious Constraint, and Indifference towards alcohol. The chapter also examines the differences between nationality, gender, parental supervision, parental attitude and witnessing parental intoxication on limiting and abstaining factors.

Chapter 7 provides a summary of the key findings of this thesis and evaluates these findings in relation to strengths and weaknesses of the research, theory, and implications for policy. Future directions are outlined, and conclusions presented.

Chapter 1: A review of the literature on alcohol profiles and comportment amongst English and Italian alcohol users

The focus of this chapter is on comportment, which is a general term for conduct and behaviour of an individual or a group when drinking alcohol, and prevalence of alcohol use in England and Italy. The chapter starts with a brief historical overview of cultural differences in the use of alcohol. It then continues to provide an account of comportment related to alcohol use such as motivation to drink, social and cultural factors and expectancies. The chapter then concludes with a rationale for the thesis and outlines the questions that this research sets out to address.

1.1 Alcohol: A general overview

1.1.2 The Importance of cross-national understandings of alcohol consumption

Social and psychological phenomena contribute to the norms and beliefs underpinning drinking practices within society (Kuntshce, et al., 2015; Kuntsche, et al., 2006; Heath, 1995) and it is therefore helpful to understand how these factors contribute to the overall prevalence of alcohol use in any given country. This is useful as it can inform policy makers about how best to promote safer drinking habits as well as stemming rising public health costs caused by excessive drinking (Orford, 1994; Månsson & Bogren, 2014).

Within a broadly European context alcohol is associated with a wide set of meanings (Babor, 2010; WHO, 2012; WHO, 2014). These range from using alcohol to accompany a meal, for example (gastronomic product), through to a major rite of passage among certain youth

cultures, with a myriad of understandings and practices in-between (SIRC, 1998). For

example, alcohol is often used as signifier for an important, formal, and/or social event.

Additionally, 'drunkenness' or intoxication may convey symbolic meanings such as group

affiliation or identity (Room, 2001). Cross-cultural/national and regional identities can

additionally be of symbolic importance in relation to the type of alcoholic drink that is

consumed (Anderson and Baumberg, 2006). There are clear cross-national differences in

relation to comportment and the way individuals consume alcohol (Kuntche, et al., 2015).

For instance, the practice of, and social importance given to, drinking differs in England and

Italy (Allamani, et al., 2010; Beccaria, et al., 2010; Kuntsche, et al., 2006; WHO, 2004, 2014).

In Italy, drinking practices are said to be broadly moderate when compared to other regions

of Central Western and Northern Europe (Kuntsche, et al., 2015) and, as far as young adults

are concerned, drinking alcohol is more likely to occur within a family context (e.g. a glass of

wine at the meal table or at social events; Allamani et al, 2010). By contrast, in England the

drinking behaviour of young adults is often described as heavier, more frequent, with

greater emphasis being placed on drinking outside the family home, and is often linked with

binge drinking (Gmel, Rehm & Kuntsche, 2003). Binge drinking is a widely-used term that

categorises a certain pattern of drinking. There is no universally agreed definition of binge

drinking with some commentators opting for unit classification and other quantities such as

pints or glasses (Read, Beattie, Chamberlain & Merrill, 2008). For the purposes of this

research, binge drinking is defined as the consumption of $4^{(+)}$ or $5^{(+)}$ or more drinks for

women and men respectively within a single drinking occasion or session (Read, Beattie,

Chamberlain & Merrill, 2008; Gmel, Rehm & Kuntsche, 2003 and McMahon, McAlaney &

Edgar, 2007). In the following section, cultural and national definitions which serve to

highlight differences in cultural norms about drinking behaviour will be explored.

1.1.2 Cultural and national definitions in alcohol drinking

Heath (1984, 1995) and Kuntsche, et al., (2015) argue that anthropological, sociological, and psychological studies on alcohol consumption are of enduring importance due to their ability to understand variations in drinking practices across diverse populations and capture cultural shifts in terms of drinking practice. Furthermore, Kuntsche, et al., (2015) note that this type of endeavour will assist in the task of making sense of the variability in alcohol use and the impact of individual cultures in shaping and changing this. An example of this is binge drinking, which in the UK has been of great area of concern over at least the last decade (Edwards, 2000; Gill, 2002, Kuntsche, et al., 2006) and less so in Italy (Alamani, et al., 2010). Recently, however, it has been noted that this picture appears to be in flux pointing to increases in the drinking behaviour and patterns of Italian adolescents. Concentrated weekend drinking is reported to be more prevalent, with less moderate meal-time drinking being practised with families (Beccaria & Prina, 2010). This is contrary to the traditional method of drinking in Italy, which is more centred on moderate meal time and convivial drinking (Allamani, et al., 2010).

Cultural drinking is generally a rule bound activity with many self-imposed norms and regulations based upon these rules. These can relate to the context in which drinking takes place, who is drinking and perceived levels of acceptable intake (Testa et al. 2006; Goldman et al. 1999). Although there are cultural variations in which rules and norms reflect values and beliefs related to drinking behaviours, some researchers suggest some 'constants' or similarities can be observed in relation to alcohol use by individuals (Peele, 1997; Heath, 1995, 1998). These 'constants' are self-imposed protocols generally used to regulate levels

of alcohol consumption (Norstrom, 2001; Norstrom et al., 2001). The 'constants' (SIRC,

1998) are; 1. Prescription of solitary drinking (for example, drinking alone when coming

home from work), 2. Prescription of sociability (that alcohol is always incorporated into

sociable functions), 3. Social control of consumption (that given cultures or societies provide

a set of rules on consumption through judgement and recommendation) and 4. Restrictions

on female drinking behaviour (which can be related to traditional beliefs in society about

what is judged to be acceptable: Heath, 1995, Day, Gough & McFadden, 2004, Makela,

Gmel, Grittner, Kuendig, Kuntsche, Bloomfield & Room, 2006). It is argued that 'constants'

are present in all cultures to some degree and are important in terms of self-regulation in

the wider community, especially when it comes to social drinking. The Social Issues

Research Centre (SIRC 1998; 2015) suggests that social drinking may be linked to 'unofficial'

rules operating within society, which can, however, become incorporated into legal

frameworks and policies. For example, the proscription of solitary drinking is an important

'constant' in so far as it highlights at the same time the social act of alcohol drinking and

dangers associated with solitary drinking.

Ambivalent cultures[1] are inclined to value solitary drinking as acceptable in certain

situations such as pre-loading where drinking takes place before going out to drink socially

with an aim of saving money and to get 'in the mood' to go out; or where solitary drinking is

related to tension reduction, such as drinking when coming home from work at the end of a

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[1] An ambivalent culture is defined by alcohol drinking being associated with disinhibition, aggression, promiscuity, violence, and anti-social behaviour, this is opposed to an integrated culture where alcohol is less associate to these expectations and is more integral to everyday life. Examples of ambivalent cultures are USA, UK, Australia, and parts of Scandinavia (SIRC, 1998)

stressful day. However, the proscription of solitary drinking is a 'constant' linked to problem

drinking and dependence on alcohol (SIRC, 1998). Some cultures, such as southern

European cultures (Italy in this case) appear to condone solitary drinking less although

certain practices like male solitary drinking in bars is perceived to be acceptable (SIRC,

1998). This is not extended to female solitary drinking in bars and is also linked to the

'constant' of restriction of female drinking (Aviram, 2006). While the prescription of

sociability frames drinking alcohol as a shared and sociable experience, the meaning of this

experience is shaped by time, place, social norms, reference group norms (Perkins, 2002 &

Larimer, et al., 2011) and rules which can give rise to outcomes ranging from abject

intoxication through to alcohol being used as a social lubricator. These, in turn, are

influenced by motivations to drink and expectations of drinking alcohol by individuals that

operate at both an individual level and guided by social cultural norms (Cooper, 1995).

A further example of cultural differences can be found in distinctions between what

Bloomfield, et al., (2003) refer to as wet and dry cultures. In dry cultures, alcohol

consumption is not commonly used in everyday activities and access to alcohol is more

restricted and wine consumption is less common when compared to wet cultures.

Abstinence is more common in dry cultures, but when drinking does occur, it is more likely

to result in intoxication. Traditional examples of dry cultures include the Scandinavian

countries, the United Kingdom, the United States, and Canada. Wet cultures, on the other

hand, are characterised by alcohol being integrated into daily life and activities (alcohol is

consumed within meal times as well as outside of them). Alcohol in wet cultures is widely

available and accessible, abstinence rates are low, and wine tends to be the preferred

alcoholic drink. European countries bordering the Mediterranean are traditionally representative of wet cultures, hence Spain, Italy, Greece, and France.

These cultural patterns of drinking behaviour have also been subject to change. The UK, for example, has in the past been regarded as a 'dry' drinking culture (Room, & Mäkelä, 2000). More recently it has been suggested that this is changing, and the UK is said to contain characteristics of both wet and dry drinking comportments (Bloomfield, Stockwell, Gmel & Rehn, 2003; Ally, et al., 2016). Due to changes in retailing and licencing laws, alcohol is now more widely available and patterns such as consuming wine with family meals (characteristic of wet drinking cultures) appear to be emerging. Ally, et al., (2016) examined drinking in the UK from 2009-2011 using detailed drinking diaries completed by a representative sample of 90,000 adults as part of the 'Kantar World-panel's Alcovision study'. They found that nearly half (46%) of drinking occasions in the UK involved moderate, relaxed drinking at home. The study also reported that 9% of individuals were drinking more heavily at home with a spouse or partner. While the notion of wet and dry drinking culture is helpful in attempting to broadly envisage drinking profiles, this construct can be crude and fails to capture diversity in drinking behaviour arising, for example, from specific geographical locations, activities, and shifts in drinking behaviour patterns that may be influenced by a range of different factors (for example engagement with other cultures through travel, social media etc).

In relation to Italy, Gallimberti, et al., (2011) conducted a study on young and underage drinking on the Veneto region (an area known as a heavy drinking area) on a sample of 845 students in the province of Padua. A battery of self-report measures was used to quantify how many drinks were taken in the form of wine, beer, spirits on a Saturday specifically as

this was used as an indicator of concentrated drinking. Participants were also asked about group characteristics which were important to them, parental perceptions of alcohol consumption, as well as total spending money/ economic power. Their findings revealed that when compared to an earlier study conducted in 2008 (Gallimberti, et al., 2011) there was an overall rise in concentrated Saturday night drinking and that 70% of 16-17-year olds, and 68% of 14 -15-year olds taking part in this study, engaged in this form of concentrated drinking. Binging was additionally present in both age groups where 15% males and 7% of females in the 16-17-year-old group and 10.6% males and 3.9% of females in the 14-15 age group reported Saturday night binge drinking. The earlier observation when compared to other regions in Italy show that the Veneto region does record higher levels of binge drinking and risky alcohol behaviour (ISTAT, 2012; MDS, 2012). The findings of this study do have implications for shifting patterns of drinking behaviour in Italy nationally (National Centre for epidemiology, Surveillance, and health promotion of national institute of health 2006-2007, ISTAT, 2012),

While it has been argued earlier that characterisations of wet and dry cultures may be helpful at a very broad level, such a characterisation does not provide a sufficiently detailed picture of more nuanced drinking behaviours or changes in drinking patterns as these occur over time and may differ on a regional basis. To add more detail to the emergent picture of drinking behaviour in the two countries of interest to this research the following section will provide a summary of national statistics available for England and Italy in terms of drinking profiles, current prevalence rates are and patterns of drinking present in each country.

1.1.3 Country Profiles: United Kingdom

The UK is currently comprised of approximately of 64.6 million inhabitants (ONS, Office for National Statistics, 2015) with London being its largest city with a total of 8.5 million inhabitants according to the latest estimates from the ONS (2015). There is a diverse range of ethnic groups with, according to the (2015), white British (69.7%) with Asian British (13.2%) and Black British (10.1%) being the most prominent ethnic groups.

The World Health Organisation's (WHO 2014) recorded country profile for adults' states that 82% of population aged over 15 in the UK drink alcohol (WHO, 2014) and that the most commonly imbibed products are beer at 37%, wine 34%, spirits 22% and 7% for other forms of alcoholic product.

Figure 1 (1.0): Percentage of alcohol consumed by type and in pure alcohol by gender from the 2014 World Health Organisation report.

Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2010
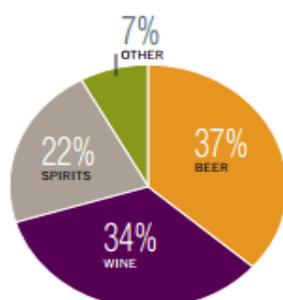
Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2010

Males (15+)	18.9
Females (15+)	8.5
Both sexes (15+)	13.8

(WHO, 2014)

According to WHO (2014) data, there has been a steady rise in alcohol intake in England from 1961 to 2013 with estimated levels being an average of 11.7 litres of pure alcohol being consumed per capita per annum in 2006. Other reports, including those from the WHO using different metrics, present alternative figures which vary from 13.8 to 10.6 litres of alcohol being consumed per capita (see figure 2: Institute of alcohol studies, 2013; WHO, 2014 12.52 per capita, per annum). Whatever the specific quantities of alcohol that is being consumed, the overall trend to emerge is that, since a high reported in 2004/2005, the trend for alcohol consumption has been slowly declining in England & Wales over the last 10 years (see figure 2; WHO, 2014). Consumption of alcohol in England is comparatively lower in litres per capita per annum of alcohol than other northern and Central Eastern European countries such as; Lithuania, Austria, and Estonia (12 litres or more per adult per annum). However, the figures for the UK suggest that higher rates of alcohol consumption when compared to Southern Europe Italy, Greece, Malta, and Cyprus at 6 litres of alcohol per capita per annum and Nordic countries such as Norway, Iceland, and Sweden at 8 Litres per capita per annum (WHO, 2014; HSCIC 2015).

Figure 2 (1.0): Total UK alcohol consumption from 1960 -2010 (WHO, 2014)

Recorded alcohol per capita (15+) consumption, 1961–2010

Data refer to litres of pure alcohol per capita (15+).
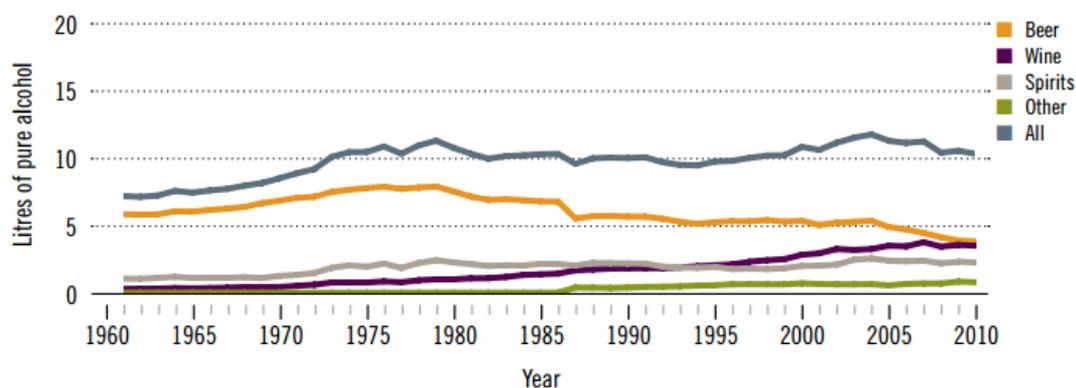
The latest figures from the Office for National Statistics (HSCIC, 2015) showed that that 67% males and 53% females of their total sample of 32,794 individuals in the United Kingdom reported drinking alcohol in the last seven days before taking part in the national survey (See figure 3). Assessment of average weekly alcohol consumption over the past 12 months suggested that 62% of males typically drank up to 21 units of alcohol per week and 61% of females drank up to 14 units a week. It should be noted, however, that while females appear to be drinking within the safer limits defined in the UK context (14 units per week), the recently revised guidelines from the UK Chief Medical Officer recommends no more than 14 units for both men and women per week. This currently means that there will be higher proportions of males further away from drinking within recommended safer limits as defined by the guidelines.

Figure 3 (1.0): Proportion of adults who drank in the last week by age and gender (HSCIC, 2015)
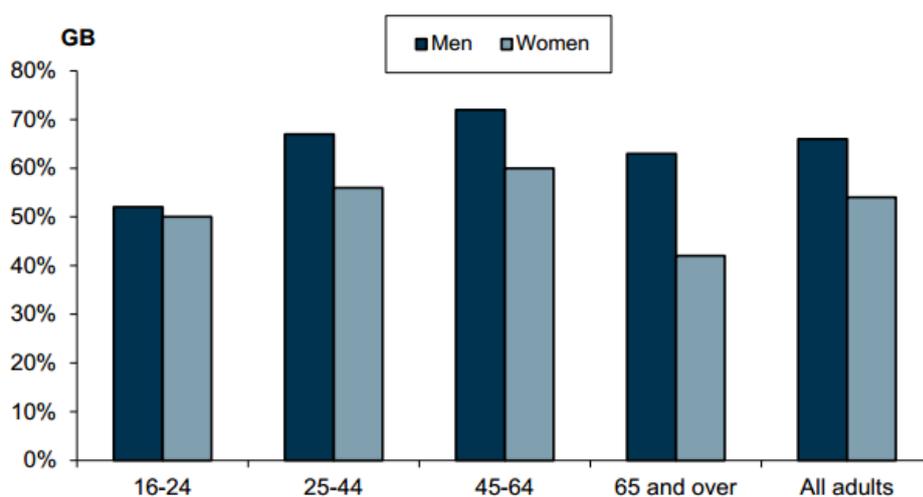
Source: General Lifestyles Survey 2011, Office for National Statistics (ONS)
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The costs to the United Kingdom vary regarding alcohol consumption. The Office for National Statistics (ONS 2014), drawing on NHS statistics, estimate that the cost of alcohol misuse amounts to £3.5 billion per year, or £120 per tax payer. This figure considers alcohol related injuries and treating a range of adverse drink-related outcomes such as intoxication, liver and other forms of disease, and treatment interventions for alcohol misuse and dependence. The World Health Organisation (WHO 2014), on the other hand, estimate the true figure of all general alcohol attributable costs in the UK to be closer to £21 Billion.

As noted earlier, binge, or heavy episodic drinking, since reaching its highest peak in 2005 has been reported to be in decline in the UK over the last five years, with a further peak in 2006/2007 (see figure 4, p32). Some of this downward trend may be reflective of changes to data collection methods as well as changes in drinking patterns. Revised methods for data collection have included a focus on alcoholic units rather than numbers of drink. Therefore, whereas previous responses may have captured a glass of alcohol as being one drink, a focus on units takes account of actual alcohol concentrations in alcoholic beverages (HSCIC, 2015). This is important in classifications of heavy drinking / binge drinking and debates over whether to define binge drinking in terms of number of drinks consumed per session, or number of alcoholic units consumed (Weschler, et al., 1998; Bloomfield, et al., 2003). The current 2014 definition of binge drinking provided by the NHS and ONS (2013) relates to consuming more than double the lower daily limit for alcohol (which in the year for which the figures relates in 2013 comprised of 2-3 units for women and 3-4 for men) in a single session. The net effect of these changes is that recorded rates of alcohol comportment appear to be lower but, as noted earlier, this may not represent an accurate picture of true drinking comportment.

Figure 4 (1.0): Binge drinkers in England as a proportion of alcohol consumers, 2005-2013 by sex (ONS, 2013; HSCIC, 2015)

Figures for binge drinking across regions in the UK show the West Midlands at the lowest with 22%, (see figure 5, p33) and Scotland being the highest at 36%. In England, the North East has the highest prevalence of binge drinking (36%) with London occupying a central position with a total of 24% of respondents' binge drinking in the week before the interview (HSCIC, 2015; see figure 6, p33).

Figure 5 (1.0): Geographical map of UK binge drinking by region (ONS, 2013; reported in HSCIC, 2015)

Binge drinking among those who drank in the week before interview, by region
Great Britain, 2013
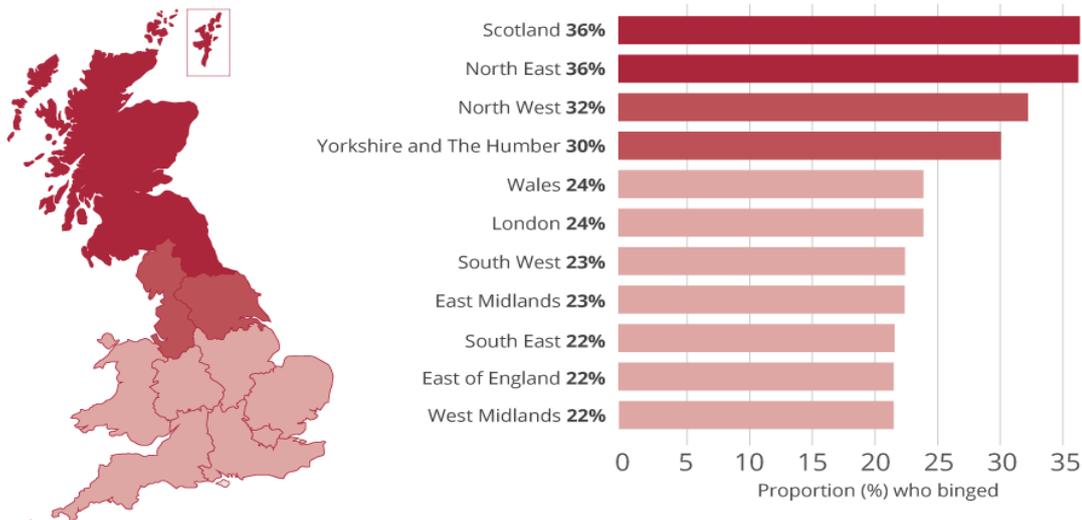
Source: Adult Drinking Habits in Great Britain, 2013

Office for National Statistics

Data on abstainers in the United Kingdom suggests that, at 32%, London has the highest number of abstainers (see figure 5). The ethnic diversity of London and cultural and religious prohibitions on drinking alcohol or at least admitting to doing so, must be considered in relation to shaping the figures on abstention.

Figure 6 (1.0): Proportion of Adults who are teetotallers by region (HSCIC, 2015)
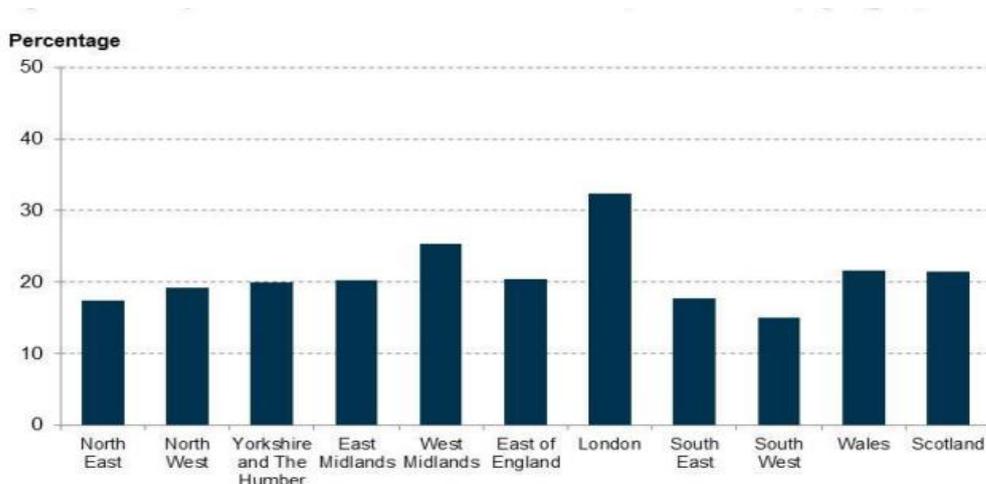
Source: Opinions and Lifestyle Survey, Office for National Statistics
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1.1.4 Country Profiles: Italy

As of 2015, the population of Italy was estimated at 60,802,05 (ISTAT, 2015). Its largest cities

are Rome and Milan with 2,864,731 and 1,345,851 inhabitants respectively (ISTAT 2015)

Figures suggest that, when compared to the UK, Italy is far less ethnically diverse, with 92%

of the population being White Italian with the rest of the population comprising of other

ethnic groups: Romanian (1.81%), North African (1.81%), Albanian (0.77%) and Chinese

(0.28%). In terms of typical consumption by Italians, wine is the most popular at 66%,

followed by beer at 23% and spirits 11%. This contrasts significantly with UK consumption,

which has shown a greater preference for beer over wine.

Figure 7 (1.0): Depicts the recorded alcohol per capita and type of alcohol consumed in Italy (figure taken from the latest report from the WHO, 2014)

Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2010
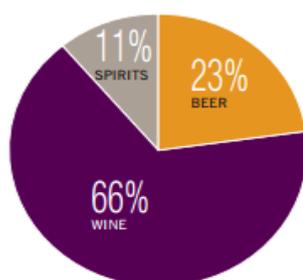
Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2010

Males (15+)	11.9
Females (15+)	7.2
Both sexes (15+)	9.9

The amount of alcohol consumed per capita varies according to the reporting agency; the

WHO (2014) suggests consumption rates of 9.59 litres per capita, representing a decrease

from 9.9 litres per capita in 2010 (WHO, 2013). Whereas, the latest ISTAT (2015) figures

suggest a further decline in consumption rates to 6 litres per capita per annum (see figure

8). Asciutto, et al., (2015) argue that this is due to a myriad of factors such as changing

patterns of wine consumption, socio-cultural changes in drinking amongst younger

generations, and finally awareness of health promotion policies aimed at informing the

public on health-related effects of heavy alcohol use (Reitox Italian Focal Point; RIFP, 2014).

Figure 8 (1.0): Alcohol use per capita by type of alcohol product in Italy from 1961-2010 (WHO, 2014)

Recorded alcohol per capita (15+) consumption, 1961–2010
Data refer to litres of pure alcohol per capita (15+).
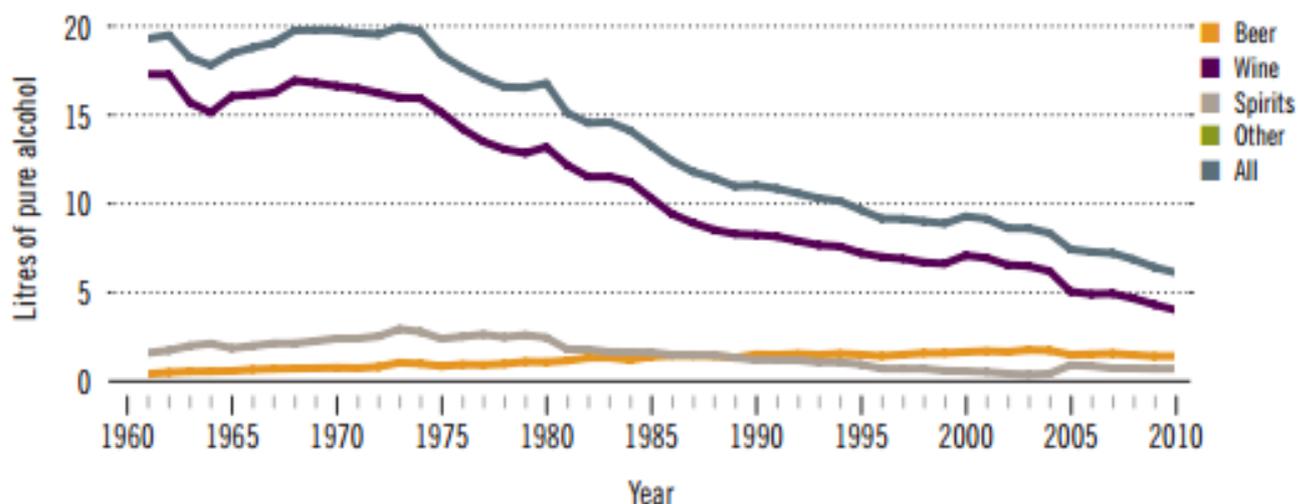
ISTAT (2015) estimate that in Italy, 76.6% males and 50.4% females drink alcohol at least

once a year, with 33.8 % of males and 11.1% of females drinking on a regular basis. Table 1

provides a breakdown of these figures, separated by males and females and region.

Table 1 (1.0): National prevalence of alcohol in the Italian population (ISTAT, 2015)

Italian males and females who reported drinking one alcoholic drink or more during the year and daily aged 11 years and over

Geographic areas/divisions of Italy		Males		Females		Males and females	
		within a year	every day	within a year	every day	within a year	every day
North-Western Italy		76.8%	34.5%	52.7%	13.3%	64.4%	23.6%
North-Eastern Italy		78.3%	34.8%	56.3%	13.6%	67.0%	23.9%
Central Italy		75.3%	34.6%	50.2%	11.2%	62.3%	22.4%
Southern Italy		77.1%	33.0%	45.1%	8.4%	60.6%	20.3%
Italian Islands		74.3%	30.4%	45.6%	7.4%	59.5%	18.5%
Italy (overall)		76.6%	33.8%	50.4%	11.1%	63.0%	22.1%

In Italy, binge drinking is defined by ISTAT (2015) as six or more alcohol drinks consumed in a single session, which differs from the definition used in the UK of 8 drinks or more in one session. Overall, binge drinking in Italy has been fluctuating over the past 6 years (ISTAT, 2015). The north of Italy, in general, is associated with the highest rates of binge drinking with the lowest rates being recorded in the South. Figure 9 illustrates binge drinking in Italy by region.

Figure 9 (1.0): Binge drinking regions of Italy displayed in % for males and females 11 + (ISTAT, 2015)

Binge drinking

Fino a 5,8
5,9 - 9,2
9,3 - 12,5
12,6 e oltre

Valore medio Italia 7,5
Deviazione Standard 3,3

National Average: 7.5

Standard Deviation:
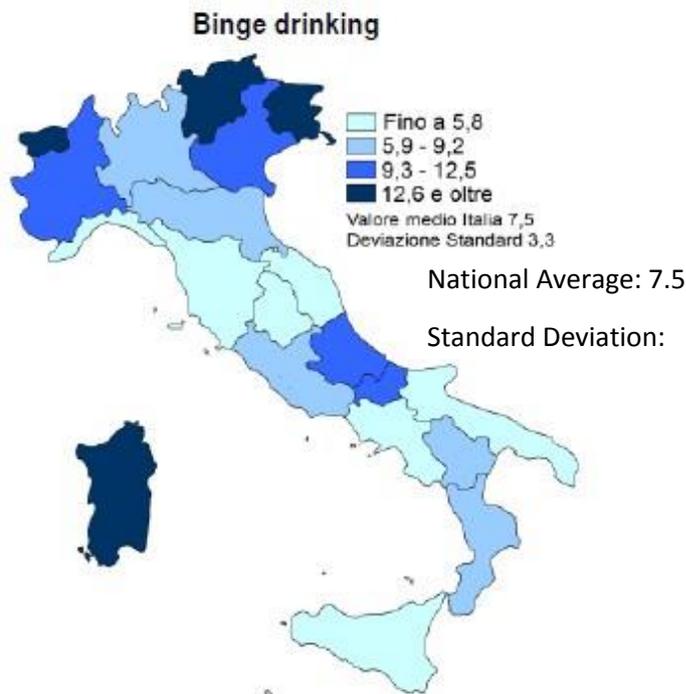
In terms of region, binge drinking is highest in Trento, Friuli, Sardinia, and Valle D'Aosta (shown in dark blue). The regions of Piemonte, Veneto, Abruzzo, and Molise record between 9.3 and 12.5 % of binge drinkers in the population (shown in royal blue). Finally, the lower binge drinking regions include Liguria, Toscana, Campania, Marche, and Umbria, recording from 0 to 5.8% (indicated as pale blue on the map). The overall prevalence of binge drinking in Italy is 7.5 % of males and females aged 11 years upwards, which is much lower than comparable English regions. Finally, as reported by ISTAT (2015) the abstinence rate of the overall Italian population was approximated at 37%.

This total figure is not dissimilar to the total amount of alcohol abstainers in the UK which was estimated at 32% (HSCIC, 2015).

The previous section provided a summary of country profiles regarding alcohol drinking. This has been described in terms of units consumed per year, differences of male and female drinking in each country, and prevalence drinking. The next section will consider some of the government policies in place to address drinking patterns.

1.2 Governmental policies of Italy and England for alcohol use

1.2.1 England

The current UK policy on alcohol includes legal limits of maximum blood alcohol concentration when driving a vehicle and regulations on alcohol advertising, although there is no monitoring of alcohol sponsorship or sales' promotion. Health warnings on alcohol advertisements and containers are also legally required (HM Government, 2012, 2014). Finally, there are restrictions imposed on the sale of alcohol in terms of hours' available, age of the individual drinking (currently 18 years of age) and excise levies on beer, wine, and spirits, defined by the alcohol content, volume, and the type of drink (Hawkins, et al., 2012, HM Government, 2012, 2014).

Campaigns on a socio-political level are generally implemented in the UK such as 'know your limits' (NHS, 2009) and 'safe sensible, social' (Anderson, 2007) seeking to reduce alcohol related harm in social drinking by advocating responsibility. These campaigns have disseminated harm reduction messages via information about responsible drinking and risk factors associated with by excessive drinking. The Department of Health (DOH, 2008) launched an education campaign to inform the public of safer levels of drinking, in terms of

unit allowance, after it was found that 77% of people, when questioned, were unclear about how many units were contained in different drinks. The main strapline for this campaign was 'Units- they all add up' with the aim of empowering social drinkers with a greater understanding of what they were drinking and hence encourage responsible drinking.

Revisions to the Government's Alcohol Strategy (Home Office, 2015) were considered to introduce a national minimum unit pricing (MUPs) which would make alcohol less affordable, especially when bought in bulk. However, a lack of consensus on the benefits or an evidence-base to support this approach has meant that, while being implemented in Scotland, the proposed intervention was not rolled out to England and Wales (IAS, 2016, Meier, Purshouse & Brennan, 2010; Brennan & Stockwell, 2012; Stockwell, Auld & Martin, 2012).

The UK Government's 'Public Health Responsibility Deal' regarding alcohol may offer an alternative to unit pricing in its 'unit reduction' pledge. The deal suggests a reduction of 1billion units is to be achieved by improving consumer awareness and choice of lower alcohol products. However, this can be argued to be simply adding more products to the market with no overall guarantee of lowering unit intake. It is also counter-intuitive that another pledge in the Public Health Responsibility Deal should endorse displaying the calorific content of the product. For example, Vodka is deemed one of the lowest in calories and may in some cases encourage individuals to drink more of this spirit than red wine which is much higher in calories. Policies on reducing alcohol intake are additionally disseminated through local authority areas enabling each to control and shape its allocation of funding to campaigns. Interventions such as the use of Local Alcohol Action Areas (LAAAs;

Home Office, 2014) are currently being piloted in some areas of the country. The strategy is to use alcohol stocktake tools from Public Health England to encourage the use of 'Brief interventions' on alcohol through provision of psychoeducational material in the public arena to GPs and other health professionals. Additional measures include improving the night time economy in ways that are not dependent on the provision of alcohol. Finally, a focus on reducing crimes linked to drinking alcohol also forms part of the LAAAs' agenda and is underway across 15-20 areas in the UK. This concludes a brief insight into some political intervention that is carried out in the United Kingdom for England. The next section will consider Italian political intervention.

1.2.2 Italy

In Mediterranean countries, state interventions that are preventive towards alcohol have only been established recently (Eisenbach-Stangl, 2011). These are neither strictly enforced nor coherent, and have not always focused directly on the reduction of alcohol consumption which makes a direct comparison to the UK difficult. Italy has recently been more active in terms of drinking and driving campaigns following a rise in mortality rates from car accidents in the 1990s. As a result, Italy now has in place an alcohol awareness policy (WHO, 2014) and a National Road Safety Plan (European Transport and safety council; ETSC, 2015). Blood alcohol concentration (BAC) levels are permitted to the level of BAC 0.5 and for commercial and novice/young drivers this is set at BAC 0.0. These levels are lower than the UK of BAC 0.8 (ETSC, 2015) for all drivers. However, the focus in Italy has always been on community prevention programmes which seek to inform the public on alcohol related problems and possible dependence. A general harm reduction policy for Italy on social

intervention via campaigns is delivered from a local level with psychoeducational information focusing on 'conscious drinking' (i.e. in Milan: being aware of hazards when drinking and on the amount, IBG, 2010) and generally on preventative measures regarding drink driving in youth, from police intervention on a national level (as in the UK) through to informational leaflets and videos derived locally.

Another national strategy centres on a campaign called 'Gaining Health: Making healthy choices easier' (Ministero della salute, 2011). Whilst local level campaigns have included '*I would say to a friend who drinks too much*' which was an educational message focusing on social norms of drinking responsibly (Osservatorio Permanente sui Giovani e alcohol, 1997). Other policies include taxation of beer and spirits but not wine (WHO, 2014, European Commission, 2015). Legally binding alcohol regulations on advertising and sponsorship are present in Italy, however there is no clear regulation on product placement of alcohol. The legal minimum age of drinking in Italy is 18 years old outside of the home (ISTAT, 2013; WHO 2014). Health warnings are not legally required on alcohol advertisements but can be included on a voluntary basis. Brief Information (BI) typically carried out in GP surgeries in the Italian NHS equivalent are a statutory requirement (ISTAT, 2013, AMPHORA, 2011).

In comparison to Italy, the UK has a greater array of public level interventions although Italy has witnessed intensified public health interventions in recent years. It is notable that the UK has a built a comprehensive strategy on reducing alcohol intake which includes levelling the recommended levels of safer units to 14 for both males and females and providing clearing information on how to quantify units of alcohol in drinks (NHS 2014) in order to empower individuals to make better choices about what and how much they drink.

In both Italy and the UK these public level interventions exist in a space that is populated with many other possible variables co-existing in relation to drinking alcohol. A complex system of multifaceted influences such as individual motivational factors, socio-cultural beliefs and norms are important to consider and offer further insight into contributory factors for alcohol consumption. Exploration into what individuals deem as important within culture tends to be overlooked in the literature, and to date there has been no comparison between Italy and England. The following section will review some of these factors.

1.3 Parental factors

Parental factors are highlighted as playing a role in influencing the alcohol consumption of adolescents and young adults. Research has suggested that quality of parental supervision, alcohol-specific communication, levels of disapproval expressed towards drinking, general discipline surrounding alcohol, support and monitoring are amongst some of the variables that can impact the level of alcohol consumption (Ryan, Jorm, & Lubmna, 2010). The following sections provide a review of the literature on the role of parental factors in influencing drinking behaviour to identify any key patterns or gaps requiring further investigation.

1.3.1 Supervision

Sherriff, Cox, Coleman & Roker (2008) explored parental perspectives on communication and supervision in relation to the drinking practices of young people in the UK. Forty parents were interviewed for this study on their communication, monitoring, and supervision strategies with their children aged between 13 and 17 years old. Their findings revealed five major themes: 'communication', 'supervision', 'modelling and influences' 'legal and health issues', and 'difficult issues'. While their findings suggested that many parents were actively engaging in purposeful communication aimed at moderating alcohol use, they also felt ill-informed about what moderate alcohol levels are or should be. So, while many attempted to communicate messages about safer drinking practices it is likely that a lack of parental knowledge meant that some of these messages may have been erroneous.

An interesting factor associated with the theme of supervision identified in the Sherriff, et al., (2008) study related not to supervision aimed at avoiding alcohol, but supervision of the alcohol intake of young people in the home environment. This ranges from the consumption of alcohol with family meals through to purchasing alcohol for young people to be consumed at home. The study raises questions about the protective factors of drinking in the family home and the degree to which this behaviour is always supervised. For example, parents may not be fully aware of the amount of alcohol consumed by young people who are permitted to drink at home. It is difficult to compare this notion of protective behaviour within families of Italian young adults as, to date, there has been a small number of studies into factors such as communication and supervision. One study conducted by D'Alessio, Baiocco & Laghi's (2006) on the binge drinking behaviour of 1000 males (30.7%) and females

(64.2%) suggested a link between a lack of parental supervision and the tendency to drink heavily. Albeit a weak association, they further note that the young people taking part in this study were more likely to binge drink if they were not residing in their family home. In a more recent study by Laghi, Biaocco, Lonigro, Capacchione & Baumgartner (2012) they measured the relationship between alcohol consumption and family variables in a sample of 726 Italian adolescents aged between 16 and 18 (182 females and 544 males). They studied family adaptability and cohesion using the Family adaptability and Cohesion Evaluation Scale (SACES IV; Olson, et al., 1985) and found that social drinkers (moderate intake) perceived greater levels of satisfaction with communication between family members when compared to binge and heavy drinkers. Further they found that negative family characteristics were linked to higher alcohol use and other antisocial behavioural problems. This suggests that the family may act as a protective factor and may be important in an Italian context although further research is needed to improve the understanding of the dynamics of drinking, family functioning, and communication (Laghi, et al., 2012 & Gallimberti, et.al., 2011).

Findings from studies on parental supervision in the United Kingdom and France add to the picture of family importance serving as a protective factor to alcohol comportment. LeDoux, Miller, Choquet & Plant (2002) looked at samples of 15-year olds (males n=1280 and females n=1361) and 16-year olds (males n=1174 and females n=1110) on their use of alcohol, tobacco, and illicit drugs in relation to family variables. These variables were measured by questionnaires on parental monitoring of individuals and the quality of family relationships (including satisfaction with maternal and parental relationships). The findings indicated that young people in the UK sample were not as closely monitored by their

parents as their French counterparts. It was also found that UK participants were heavier drinkers and more likely to misuse substances, while the French participants were heavier smokers and drank consistently but tended to drink less heavily when compared to UK children. While these findings are mixed, a factor that could relate to the lower levels of alcohol consumption could be attributed to family mealtime drinking cultures which are observed in France but less evident in UK settings. Further work is needed in this area to clarify these relationships.

1.3.2 Observable parental alcohol use, attitudes towards drinking and their effects on adolescent alcohol use and comportment.

Parental levels of alcohol consumption and attitudes towards alcohol have been shown to influence the later consumption and drinking patterns of their children. In a longitudinal Dutch study of 3, 697 parents and children, including 12 sets of monozygotic and dizygotic twins, Poelen, et al., (2007) found, over a 7-year period, that greater exposure to higher levels of parental drinking was a risk factor for higher levels of drinking among children. Dutch adolescents who came from homes where parents drank daily or several times a week reported higher rates of drinking when compared to their counterparts whose parents either did not drink or drank minimally (Poelen, et al., 2007).

A different picture emerges in Italian studies. For example, Sturnin et al., (2010) looked at adolescents and their parents in Italy (northern, middle, and southern regions) and found that family drinking involving parents and other close family members appeared to offer a protective effect on drinking rates. What appears to be important in this study is the role played by education and initiation into moderate forms of 'social' drinking. This finding is

supported by an American study by Warner & White (2003) who, in a longitudinal study spanning two decades and which involved 371 participants concluded that young people who were introduced to drinking within the family context were more likely to drink responsibly when compared to young people who were introduced to alcohol outside of family context. They further noted that "age of onset" was a predictor of later problematic and hazardous drinking which was not context dependent until later in their life, at which point those who had been introduced to alcohol in the family were less likely to drink problematically. Hence, their suggestion is towards promoting a greater understanding of socialisation of drinking in family contexts and the role this may play in reducing risk of later harmful drinking practices.

A study by Bellis, et al. (2007) also supports this theory. In this UK study, 10,271 males and females in the age range 14 to 17 in the northwest region of England completed anonymised questionnaires in schools which explored alcohol consumption in terms of frequency and quantity. They also included a measure on the independent spending power of the young people taking part in the study. The outcomes from this study suggested that young people found to be drinking more regularly were more likely to be female, have greater spending power and were in schools in the least deprived areas. Participants drawn from more deprived areas in the study were more likely to obtain alcohol from siblings, friends and adults and were more likely to drink in public spaces such as parks and engage in binge drinking. Bellis, et al. (2007) additionally found that children, whose parents purchased alcohol for their adolescent children or allowed drinking at home showed lower levels of lower alcohol consumption. However, separate to this, risky drinking seemed to be highly associated with available funds of the adolescents. While the picture to emerge from this study is not clear cut, it does seem to again point to some protective factors linked to

parental influence and family factors which may be overlooked by studies which focus solely on the impact of peers in shaping drinking behaviour (Borsari & Carey, 2001).

Relationship to the 'adult world' is another factor which can influence drinking behaviour. In a recent study comparing Italy and Finland, Rolando, Torronen and Beccaria, (2014) found cultural differences in the way boundaries between the drinking amongst young people and adults were understood and drawn. They conducted 8 focus groups with young adults between the ages of 17 and 24 in Turin and Helsinki to understand why different orientations towards heavy drinking persist in the two geographical regions studied. It was suggested that for the Italian sample weaker boundaries were drawn between their drinking and that of adults which in turn produced a set of norms around drinking. For the Finnish participants, boundaries between the drinking practices of adults and young people were more clearly defined and drunkenness was held as something that 'young people do'. This stands in contrast to views expressed by the Italian sample about their interconnections with adults and how this informed the norms and boundaries set for their drinking behaviour.

1.3.3 Parental communication about alcohol

Alongside socialisation, parental communication has been suggested to play an important role in advising and informing younger adults and adolescents about their drinking behaviours. Van der Vorst, Engels, Meeus, Decovik, and Van Leeuwe (2005) investigated alcohol socialisation among young people and found that when stricter rules on drinking were invoked by parents that this was positively correlated with lower frequency and more moderate levels of drinking, and conversely, that when rules around drinking were

perceived as more lenient, this was associated with the increased likelihood to consume

more heavily and frequently. Yu et al., (2003) did not support this result, they found, in their

study of 642 parental and child (aged 15 to18) dyads, that more communication about

alcohol coupled with observing parents drinking was positively correlated with increased

levels of alcohol intake. This study relied on self-report measures of parent/ child

communication on alcohol which means that parental drinking may be underreported due

to demand characteristics which could show a disparity with communication and actual

intake of alcohol. Van der Vorst, et al's., (2005) study suggests that, ineffective frequent

communication may be a critical factor in any study. This means that parents may well be

communicating with their children but that the quality of the communication may be poor

or unhelpful. This was additionally found in the qualitative study by Sherriff, et al., (2008) in

that sometimes parents were unsure how to communicate with their children and were not

always aware of what a moderate level of drinking was. Finally, Yu, et al., (2003) suggested,

rather ambiguously, that parents may communicate in a destructive way towards drinking

and this could explain the result. Whilst they did not suggest what destructive

communication meant it can be implied that parents may be giving inaccurate information

which could lead to problematic drinking.

Napper, Hummer, Lac and LaBrie (2014) studied 457 parents and their children who were

attending university on their communication styles regarding alcohol use. This was a

complex study that was conducted by looking at parents' perception of how other parents

communicated with their university aged children (students) and how it affected their own

communication. In addition, the parents' level of communication was examined in relation

to student approval and their alcohol use. They found that parents who perceived that

other parents communicated with their own children (students) about alcohol, were more likely to frequently speak to their children about it. This suggested that social norms may dictate pressure on parents to communicate if they feel others are doing so. Furthermore, the type of message perceived by the child (student) was important. Targeted or seemingly deliberate communication was more negatively perceived (this communication can consist of a more didactic style of opposing alcohol use). Whereas higher and more frequent communication such as: specific situations, for example strategies for handling offers of drinks (by others) or issues related to alcohol and more difficult situations with alcohol, were more positively taken by the child (student) and seemed to relate statistically to lower use of alcohol and lower approval of alcohol use. Therefore, communication that is centred towards conversations which do not dictate to the individual and have meaning in a person's life, seem to be more helpful as a protective factor in drinking alcohol. The communication was generally about frequency and relation to the alcohol that proved more effective and gave a teachable moment in which the child (student) could benefit from discussion with the parent. This finding highlights the importance of studying parental factors such as supervision, attitude, communication, and alcohol comportment as a protective factor.

The parental role in earlier years of life, and then as a mediator later for their adolescents and young adults could be most helpful as a reference for the individual. Hence, cultural differences (beliefs and normative behaviour) and parental differences in supervision and communication offer a novel insight in Italian and English youth in relation to how each culture interacts at this level, and what their normative alcohol consumption is. This will be visited in chapter 3 which looks at an in-depth exploration of the two cultures on drinking

experiences (qualitative study), however further aspects will be regarded in motives to abstain from drinking in chapter 6 which will look at parental influence in limiting drinking on supervision and monitoring. There are arguments against parental influence during adolescence and young adulthood as the reference group for these ages are mainly peers. Research has suggested that peers are more important towards drinking level in adolescent and young adult circles (Borsari, Borsari, & Carey, 2006; Masten, et al., 2009, Seaman & Ikegwuonu, 2010; Sondhi & Turner, 2011) therefore this next section will briefly review some peer factors that influence alcohol intake and comportment.

1.4 Peer factors and alcohol consumption

Peer factors have an extensive amount of evidence surrounding their role in alcohol related behaviours. Masten, et al., (2009) argue that peer influence is most important from late adolescence to young adulthood on influencing drinking behaviour. Borsari, Borsari, and Carey, (2006) suggest peer relations is the strongest variable in the myriad of multi-level principles when considering drinking among young adults. They argue that the quality of the peer relationships can be a mediating factor. Hence, the more stable, supportive, and intimate the relationship with peers, the more potent the effect of social cognition, modelling and social reinforcement related to alcohol consumption. Moreover, they found that gender is a mediating factor in alcohol consumption. Particularly, that females play a part in both lowering frequency and amount of binge drinking. This is an interesting finding in relation to the higher heavy drinking levels that have been seen in females in the UK (WHO, 2004, 2007, 2014) and suggests an interesting aspect to regard in social learning

relative to alcohol experiences. If there is a less traditional role for drinking, then mediation is not necessarily a protective peer factor.

Seaman and Ikegwuonu, (2010) highlight the importance of alcohol and its central role in maintaining social relationships during student life. They suggest that relationships amongst peers at this point tend to be in a transitional stage and that social networks and acquaintances may lack depth. Therefore, alcohol serves to help facilitate social encounters. They additionally argue that pricing of alcohol affects peer influence as higher affordability can impact on the amount drunk when peers encourage each other to drink more. Moreover, it is suggested that the misconceptions of peers' drinking levels being higher encourages higher drinking levels. Yanovitzky, Stewart & Lederman (2006) studied perceived drinking by peers and alcohol use in 276 male and female university students. Drinking levels were recorded by a battery of items that asked how many drinks were typically consumed at parties, bars, and other social gatherings. Additionally, they looked at perceived drinking of peers by asking individual participants to estimate amount of alcohol typically drunk by their immediate peers. This was coupled with data on estimates of frequency of meeting up with their alcohol using peers based in bands of time (1-2 times, 3-4, 5-6 and every day). Sensation seeking was additionally collected which measured thrill and adventure seeking, experience seeking, disinhibition and boredom susceptibility over 8 items. Comparison on "self-other" (referring to peers) differences evidenced that students significantly rate their peers to drink higher than them. Heavy drinkers tended to believe others drank at the same level or slightly less than them. Further to this they indicated that friends of friends drink at a higher level to them or their closest peer. Average sensation seeking was more pronounced in heavier drinkers than in more moderate drinking groups in

this study. The study also indicated that the closest friend to the individual would be more likely to predict alcohol use (this is similar to Bosari, Borsai & Cary's, 2006, finding that peer dyads have higher influence on peer drinking levels). In relation to these findings in the literature it would be of interest in the qualitative phase to ascertain how individuals relate to peers and what experiences they have with their peer group in drinking situations between the two nationalities. This may help to highlight how the cultures differ in peer interaction and social rules which may impact on drinking behaviour and consumption.

1.5 Motivation Theory for drinking alcohol

1.5.1 Motivations to drink and expectancies

A large body of evidence looks at different populations regarding alcohol use and misuse on specific motivations to drink (Cox & Klinger, 1988; Epler, Sher & Piasecki, 2009; Anderson, Briggs, & White, 2013). Motivational models assert that there are reasons for initiation and perpetuation in alcohol use. Research into motivational theory (Cox & Klinger, 1988; Kuntsche, et al., 2006 Kuntsche, et al., 2015, Laghi, et al., 2016) has supported the importance of these motivational factors in alcohol use across one's life (Carey & Correia, 1997; Read, Wood, Kahler, Maddock & Palfai, 2003). The theoretical model of drinking motives takes into consideration the interplay between motives that are characterised according to affective dimensions. These dimensions consist of drinking to enhance or stimulate positive emotion and drinking to cope with negative emotion. Social factors within the model are also additionally present and seen to be important in terms of understanding drinking behaviour, for example, social reinforcement such as enhancing a social situation,

as well as why drinking is limited or abstained from in certain social situations. This section will explain the theory behind each construct (Motives and Expectancies) and will look to provide evidence for the thesis.

1.5.2 Incentive Motivation

Incentive motivation (Hull, 1951, Cox & Klinger, 1988) is concerned with the intensity and vigour of behaviour. This classical theory, demonstrated by Crespi's, (1942) experiment in rats, offers a basis in reward and motivation related to social learning. The rats were trained to traverse a straight runway for a specified food reward. Thereafter three groups of rats were either shifted to higher food rewards or lower. The subsequent findings were noted through the speed at which the rats traversed the runway. Those with a larger food reward traversed the runway much faster (positive incentive contrast effect) than those who received a diminished food reward (negative incentive contrast effect), or no change in food reward. This early experiment offered insight into motivation and that habit and drive (drive theory; Broadhurst, 1959) were not the only possible explanations. It suggested that the 'attractiveness' of the incentive was also important. This example shows the underpinnings of incentive motivation and incentive contrast effects in relation to alcohol use (Incentive contrast effects refers to the change in strength of one's response under different conditions). Following on from Crespi's, (1942) experiment, learning theorists started to look at the role of psychoactive drugs and motivation to understand drug taking behaviour as an incentive motivational phenomenon (Klinger, 1975, 1977; Cox & Klinger, 2004). Noting that a psychoactive drug can, itself, become a conditioned stimulus which in turn generates positive appetitive states that will maintain drug taking behaviour / use. Therefore, Alcohol in this respect will alter the motivation value of non-chemical incentives (social and

emotional), but, vice versa, non-chemical incentives will additionally alter the incentive value of alcohol as the substance of use.

Contemporary understanding towards motivation observes goals, incentives, current concerns, values, and personal strivings (Cox and Klinger, 2004). Therefore, it is important to note that incentive motivation appeals to an individual's drive to pursue affective states and the physical situations to which the individual is attracted or repelled (or is unlikely to be motivated towards). Klinger (1975, 1977) argued that peoples' lives are centred on the pursuit of enjoyment and incentives. This is apparent in a simple context towards activation of the reward system via increasing dopamine neural transmission (Volkow, et al., 2004; Parrott, et al., 2005). Therefore, incentive motivation forms an integral part of an individual's psychological functioning, and motivation to use alcohol.

1.5.3 Affective Change

Affective change is focused on the psychological / experiential component of emotional response (Cox & Klinger, 1988; Cooper, 1994). It relates to a change in the current affective state of an organism (individual person) which can be either qualitative or quantitative in nature. Affective changes may occur which are separate from the incentives of an individual (an incentive being any object or possible event that has the capability to produce an affective change). In a negative situation it may produce affective change of avoidance or escape. Whereas in a positive situation, achieving positive incentives, or even imagining them, may allow for shifts whether temporarily or stable in a positive direction (Pervin, 1989, Klinger, 1975, 1977). Human motivation therefore indicates that goal striving is a force behind behaviour, in that striving towards goals and reaching them will produce

affective changes (Klinger, 1975, 1977, Pervin, 1989, Cooper, 1994, Cox & Klinger, 1988,

1990). Applying this to the notion of positive incentives, it can be viewed that the incentives

may enhance positive affect, as well as act against negative incentives to reduce negative

affect. In terms of the human motivation to use alcohol, it is clear through research that

expectations about effects of alcohol are formed prior to the time that a person consumes

any alcohol. Therefore, positive expectancies of sociability and confidence can increase or

encourage use and negative expectancies can be active in decreasing alcohol use (Hasking,

Lyvers & Carlopio, 2011).

There are two major pathways in which drinking alcohol can promote affective change. The

primary pathway is that the chemical effects of alcohol will bring affective change on an

emotional level. Alcohol is a central nervous system depressant which has a mood-altering

effect that can be described as 'tension reducing' and 'mood enhancing' (Cox and Klinger,

2004). It can be noted that individuals' expectancies regarding mood altering effects can be

a more potent source of mood alteration than the pharmacological action of the drug itself

(Hull & Bond, 1986, Testa, et.al, 2006, Volkow, et al. 2004). This has been well-documented

over decades in experiments regarding the placebo effect seen in random controlled trials

(RCTs). Subsequent cognitive tests have been implemented via exploring cognitive affective

symptoms, and mood ratings have been recorded pre and post manipulation (Abrams and

Kushner, 2004; Fillmore, Mulvihill, & Vogel- Sprott, 1994, Marlett & Rohsenow, 1980, Testa,

et, al, 2006, Sitharthan, Sitharthan & Hough, 2009). In all cases, there has been an

expectancy effect in relation to the placebo groups; whether it is slower cognitive

functioning (as measured by cognitive test performance), recall of intoxication, perceived

enhanced mood or less anxiety in social situations. Such studies regard expectancies and motivation as playing a powerful role in outcomes relating to mood alteration, and highlighting cognitive processes as potentially a critical element in the etiological matrix.

The secondary pathway in which alcohol can promote affective change is via an indirect process. Alcohol consumption can interfere with or facilitate an individual reaching positive and negative goals. An example of this could be achieving peer approval of drinking (social variable). Consuming alcohol whether moderate or in excessive quantities will change the way a person feels psychologically, and in turn their subsequent motivation to use or not use alcohol. Therefore, indirectly, or directly alcohol drinking has influences via other incentives in an individual's life (Cooper, 1994, Cox & Klinger, 1988, 1990).

1.5.4 Motivational Model of Alcohol Use

Drinking motives have been studied since the 1960s with two broad areas being highlighted to classify individuals' 'reasons for drinking'. The two classifications looked towards coping with negative emotional state and/or personal difficulties and motives to escape in everyday life. The second was centred towards motives to be social and be convivial through enjoyment and celebration (Cooper, Russell, Skinner & Windle, 1992; Stewart, Zeitlin & Samoluk, 1996; Kuntsche, 2007). A landmark theory from Cox & Klinger (1988, 1990) categorised motives as able to be meaningfully scrutinised along two underlying measurements that reflect valence (positive and negative) and source (external and internal). Valence is generally a term in psychology used to describe emotions, whereas source is related to internal or external influence. These two categories were argued to relate to the outcomes of an individual's hopes in terms of what was to be achieved by

drinking. Therefore, from a learning perspective individual's may drink to gain positive outcomes (positive reinforcement) or avoid a negative outcome (negative reinforcement; Cooper 1994). Cox & Klinger (1988,1990) hypothesised that crossing the two categories would yield four classes of motives: a) internally generated, positive reinforcement motives (drinking to enhance positive mood and well-being), b) externally generated positive reinforcement motives (drinking to obtain positive social rewards), c) internally generated, negative reinforcement motives (drinking to regulate negative emotions) and d) externally generated negative reinforcement motives (drinking to avoid social rejection). A clear depiction of these motives can be seen in table 2 below.

Table 2 (1.0): The four factors of drinking motives according to Cox & Klinger (1990) and Cooper (1994)

	Positive outcomes	Negative outcomes
External rewards	SOCIAL	CONFORMITY
Internal rewards	ENHANCEMENT	COPING

Cooper (1994) developed a theory-based measure to quantitatively assess drinking motives that incorporates the four-factor model. The domains were derived from combining the two dimensions of Cox & Klinger's (1990) motivational model (valence and source) to compile a 21-item questionnaire: The Drinking Motives Questionnaire Revised (DMQ-R Cooper, 1994 as outlined in chapter 3). According to Cooper (1994) the motives are defined as;

I.   Social (external/positive) these are motives that focus on positive experience that is anticipated in a social context. Social motives refer to the convivial aspect of social gathering and celebrations through alcohol.

II. Enhancement (Internal, positive) is a motive that describes the phenomenon of when people drink they do so to have fun and enhance the affect caused by alcohol in experiencing a high or euphoric state.

III. Conformity (external, negative) is a motive in relation to an individual avoiding the negative affect of possible rejection of a social group through drinking because the individual feels it should, therefore drinking to be accepted and not an outsider.

IV. Coping (internal, negative) focuses on negative internal affects related to anxiety, tension, distraction, and bad mood as an aim to avoid these feelings. Individuals may not particularly search to gain a better mood but will drink to dampen or avoid negative internal states.

1.5.5 Evidencing motives to drink

Read, Wood, Kahler, Maddock & Palfai, (2003) looked at motives to drink using Cox & Klinger's (1988) Motivational theory to ascertain drinking motives using the DMQ (Drinking Motives questionnaire Cooper et al., 1995). They examined use and problem use in university students on enhancement, coping and social reinforcement in 425 male and female participants. Findings suggested that drinking motives contribute to alcohol use and problematic use in university students through having higher social and enhancement motives to drink, but that coping motives did not predict higher alcohol use. This finding is important as it does not support that coping is generally noted to have a positive relationship with alcohol use problems (Bradizza, et al., 1999). However, a limitation in the sample was that there were no alcohol use problems to the level that that could be regarded as alcohol use disorder which may explain the lack of coping motives in relation to

higher alcohol use in students. Further conformity motives were not measured in the population leading to a missing motivational factor regarding negative reinforcement data that could have related to use. Conformity can play a moderating role in groups in order to limit drinking, but it can, as well, facilitate higher drinking groups (Kuntsche, et al., 2015).

Mobach and MacAskill (2011) studied 137 (53 males and 84 females) university students (mean age 19.04 years) on Drinking Motives (Cooper, et al., 1992). They found that drinking to cope alongside alcohol intake within their population was not significant with higher unitary intake. However, when they examined females on motives alongside state trait anxiety and consumption they found that coping was a significant factor in their motivation to drink. This was alongside heightened anxiety, however the same was not significant for males. A limitation to the study is that those who drink to cope may not always attend lectures regularly.

Kuntsche, Knibbe, Gmel & Engles (2006) reviewed socio-demographic, personality and contextual issues underpinning drinking motives and found that motives can vary across countries but not necessarily across ethnic groups in the same country. They reviewed empirical research over the last 15 years and examined the prevalence of drinking motives between different countries. As expected there are similarities across cultures in terms of drinking being a convivial practice, and that it encourages social and enhancement motives. However, there were a few exceptions, indicating that some reasons are more culturally specific. For example, Spanish regular drinkers were more likely to report that they liked the taste of alcohol; saw drinking alcohol as a custom; and claim that it aided digestion (Alvarez & Del Rio, 1994). In a study conducted across the USA and Japan there were differences in that both countries were more focused towards coping in relation to their drinking which is

marked as a negative motivation. However, USA differed in their social and enhancement motives which suggested socialisation was more important in USA than Japan (Kuntsche, Gmel, & Engels, 2006). In a comparison of USA to Nigerian students drinking to cope was found to be higher in USA than in Nigerians alongside increasing intake of alcohol units. Nigerian students indicated that social motives were higher for them than USA. These findings related to individual and group goals within society and therefore can give an insight of what is culturally acceptable or more desired within a culture.

Classification of drinking motives is additionally most interesting in relation to culture. This refers to the order in which motives to drink alcohol are rated. It has been found over several studies that motives tend to follow an order of; 1. Social (external positive), 2. Enhancement (internal positive), 3. Coping (internal negative), and 4. Conformity (external negative). For all national studies this order has generally been present (with some exception of Conformity and Coping) with individuals rating Social motives as the most important through to Conformity motives as least important to them (Cooper, 1994, Mobach & MacAskill, 2011; Nemeth, Urban, Kuntsche, San Pedro, Nieto, Farkas, Futaki, Mervo, Olah & Demetrovics, 2011; Kuntsche, et al., 2015) This is central towards replication of Drinking motives as a 4 factor model (Cooper, et al., 1994) and has added to the validation of the Drinking motives questionnaire (DMQ, Cooper, et al., 1994).

Nemeth, et al. (2011) regarded motives among Spanish and Hungarian young adults in a cross-national study. They examined 550 Spanish and 997 Hungarian males and females. They found that although drinking motives were stable across the two cultures there were higher coping motives to drink followed by social and enhancement in Hungarians than in Spanish young adults. Additionally, coping motives predicted higher drinking in Hungarian

students than in Spanish. This highlights the role that alcohol can play within the population from one culture to another, and is interesting as they both have distinct drinking patterns.

Finally, a recent study by Kuntsche, et al., (2015) examined 13 different cultures on drinking motives of adolescent alcohol use. They studied northern and southern Europe using 33,813 adolescent males and females between the ages of 11 and 19. Findings indicated that females had a relationship with heavier drinking, coping to drink and drinking to conform. Evidence regarding males showed that positive, social and enhancement motives were highly rated. Overall northern respondents drank less frequently but reported higher drunkenness than southern European respondents. Cultural differences were highlighted in that social and enhancement motives to drink were more distinct in northern cultures than southern. Therefore, cultural differences highlighted that maximisation of fun and social instances related to alcohol were more important to northern Europeans in relation to drunkenness. However, limitations were present in that some southern European countries had poor response rates to the research such as lower participation. Furthermore, countries such as Belgium, Hungary Switzerland, Slovakia, Portugal, and Italy were considered southern, whereas, Denmark, Estonia, Finland, Ireland, Scotland, Poland, and Wales were considered Northern. Although it is understandable that gathering this type of sample over these countries is difficult, the representation of southern Europe using the countries stated is not necessarily considered southern Europe in relation to drinking culture. Therefore, drinking motives may not be as representative of the dedicated regions. Furthermore, some of the northern countries are considered central western Europe which has a different drinking style to northern and nordic countries.

1.6 Expectancies

1.6.1 Alcohol Outcome Expectancy Theory

Alcohol outcome expectancy theory is grounded in Social Learning Theory (Rotter, Chance & Phares, 1972 & Bandura, 1977) and is based on cognitive processes that are not necessarily directly observable. Hence, within expectancy theory, behaviour can be explained by individuals' expectations towards alcohol and its reinforcing effect. Direct and indirect experience with any form of alcohol paraphernalia can be effective as well. The individual will hold expectations towards alcohol through experiences relative to the social learning context. For example, a positive expectation related to consumption can be thought of as an "if-then" statement such as 'I expect to be the life and soul of the party' (Jones, et al., 2001). This would constitute a positive expectancy if rated highly. Conversely, negative expectancies are anticipated to constitute restraint in relation to alcohol consumption such as 'I expect to have a hangover if I have a few drinks' (Cox & Klinger, 1988, Lang & Michalec, Jones & McMahnon, 1998). In this sense, through the broad theory of expectancy, as discussed earlier, the principles of the psychology of learning and cognition for alcohol motivations can be viewed in the social learning frame-work not just to regard potential to drink but further potential to restrain or limit one's drinking (Fromme, Stroot and Kaplan, 1993).

Therefore, in summary, Alcohol Expectancies are generally regarded as structures in long-term memory and have been theorised to impact on cognitive processes that would presumably govern future and current drinking comportment. Relationships between the alcohol outcome expectancies and the alcohol consumed should be exhibited such as higher

consumption with positive expectancies (Fromme, et al., 2003; Testa, et al., 2009). Similarly, negative associations with negative expectancies should exhibit lower or restricted alcohol intake (Lee & Oei, 1993; Patrick, Wray-Lake, Finlay, & Maggs, 2010). Although this is not to suggest entirely that associations necessarily entail pure cause, however confidence related to alcohol outcome expectancies and their ability to look at concurrent, as well as future drinking have been documented through countless studies. The next section will review the evidence related to expectancies.

1.6.2 Outcome Expectancies and drinking behaviour evidence

There are many positive and negative (comprehensive effects) expectancies studies around alcohol use (George & Stoner, 2000; Fromme et al., 2003). Positive expectancies consist of global positive outcomes, social, sexual facilitation, tension reduction and cognitive and motor improvement. Generally positive expectancies, or anticipation of reinforcement of drinking can be used to predict rising and problem drinking levels, and are central to drinking decisions made by individuals (Smith, Goldman, Greenbaum & Christiansen, 1995). Negative expectancies are physical, social, cognitive, and emotional and are associated with undesirable outcomes and are thought to discourage alcohol consumption or reduce it (Finn et al., 2005).

Early studies into 'expectancies' considered the placebo effect; with alcohol and non-alcohol conditions. Placebo effect and 'expectancies' are intrinsically linked, for example when an association between two events is learned there is possibility of eliciting an 'expectancy' of the associated event to produce an expected outcome (Testa et al., 2006). Research has

shown that individuals report expectations about alcohol effects in relation to social, motor, cognitive and affective (emotional) behaviours (Testa, 2006). Nagoshi, Noll & Wood (1992) studied 40 males assigned to an alcohol or placebo condition on their outcome expectancies and reported/ self-perceived intoxication. They found that there was no significant expectancy effect in the placebo condition, however in the alcohol condition there was a significant interaction on those who expected to be disinhibited more than those who expected less disinhibition. They generally rated themselves as more intoxicated than those who expected less disinhibition, based on the same consumption level of alcohol.

Expectancies have been shown to emerge before alcohol experience has been initiated in children. Miller, Smith, and Goldman (1990) evidenced that alcohol-related expectancies can develop in childhood and co-vary directly with later drinking behaviour. They studied children (n= 114) from school grades years 1 to 5 on their expectancies. Overall there was increase in positive expectancies with age until early adulthood. However, the researchers observed that there was an increase in expectancies in the children in grades 3 and 4. This suggests that alcohol expectancies are present already in young children and are most likely learned by observation and modelling (Brown, Creamer & Stetson, 1987). This can be from parental modelling (Brown, Creamer & Stetson, 1987), mass media, and peer group influences (Oei & Morawska, 2004). The theory further posits that expectancies are therefore learned in adolescence and childhood initially, consisting of behaviour and effects. They are then stored in long-term memory and form a semantic network. In general expectancies guide behaviour once an individual is exposed to alcohol. In fact, there have

been many studies which evidence that an individual may produce an expected effect (Testa, et al., 2009).

Evidence regarding parenting styles and alcohol use have been found to have higher 'positive expectancies' related to high-risk drinking patterns in individuals. Laghi, Lonigro, Baiocco & Baumgartner (2013) studied 500 (250 males and 250 females) students in high school and their parents (n=1000) in terms of drinking expectancies, alcohol use and parenting styles in Lazio (Rome). The expectancies of heavy drinkers were reported as positive overall, and social drinkers reported much lower positive expectancies towards alcohol. This fits with theory that heavy drinkers are more likely to report higher positive expectancies. Additionally, they found that a lack of parental responsiveness and involvement, harsh and/or inconsistent discipline and poor monitoring were higher in drinkers that were classified as binging or heavy within the sample. Whereas those who were classified as social drinkers were more likely to report positive parenting. A criticism of this study is that that the levels of parental drinking were not reported in the study. This would have been beneficial to look at in relation to their personal and parental drinking patterns to try to ascertain further possible reinforcement by parental comportment as well as transmission of expectancies. Additionally, no comparison was made between parental reporting of parenting style versus young adult members reporting perceived parental style.

Lindman, Sojholm and Lang, (2000) examined cross-cultural differences in expectancies towards alcohol (n=1008; females: 521 and Males: 487) in 8 countries. There were overall differences towards pleasure in social interactions, interpersonal warmth and closeness and optimism. The study evidenced that expected 'positive effect' increased with association of alcohol in more northern countries. This suggested that positive affect from expectancies

could be influenced by contextual factors and cross-cultural traditions. This preliminary finding further argues that direct pharmacological effect from alcohol is not fully attributable to alcohol consumption. Therefore, 'expectancies' can be an influencing factor to explore in terms of differences and similarities cross-culturally.

Shell, Newman & Xiaoyi (2010) considered cultural orientation and its influence on alcohol expectancies among traditional Chinese orientated youth and Western oriented youth in China. A total of 1020 high School Chinese students from Beijing completed cultural orientations and alcohol expectancy questionnaires. Results showed that Chinese adolescents had generally higher negative expectancies towards alcohol which reduced likelihood of drinking heavily. Higher positive expectancies were associated with higher and increased likelihood of drinking. Western cultural expectancies were additionally higher on positive expectancies and lower in negative expectancies. It was argued that traditional Chinese values were an integral influence in expectancies alongside gender influenced beliefs (the traditional view that males are permitted to drink whereas females are permitted but only to moderately drink, limit or abstain from alcohol). An important finding in this study is that culture orientation influences alcohol consumption, and plays a role in moderating use. From this and other findings in this section an important outcome would be to regard different cultures on what are the 'expectancies' and 'motives' that are used or less relevant collectively to each nationality (Italian and English). Therefore, chapter 4 and 5 will examine England and Italy on expectancy and motivation differences. This is useful in relation to informing policy on risk-promoting alcohol expectancies and to understand how cultures function on this level.

1.7 Limiting and Abstaining from drinking

Motivational models of alcohol use are based on the foundation that individuals make choices between drinking (as discussed earlier), and alternative action such as limitation or abstinence; that is: making the deliberate choice not to drink. This can be related to many factors such as indifference to alcohol, problems with alcohol such as genetic or history of problematic use and other factors. Cox and Klinger (1998) argued that motivation towards drinking rests with the knowledge that positive consequences will follow. Hence, positive expectations of drinking will drive motivation to drink. However, the same is understood for reasons to limit or abstain. Therefore, alternative rewards such as feeling less tired the next day can be a positive reward for not drinking or limit drinking whilst reasons for abstaining or limiting drinking can provide a parallel line to drinking motives and expectancies regarding reasons to drink (Cox & Klinger, 1998).

Abstention motives have not been a widely-researched area regarding cultural differences. In fact, considering abstention and limiting drinking which is considered non-problematic or related to social drinking, there is little research in young adults aged 18+ (Epler, Sher & Piasecki, 2009). Antecedents and consequences in research on alcohol generally have examined reasons drinkers give for drinking and abstaining but not necessarily limiting drinking (Stritzke & Butt, 2001). However, there has been some evidence in the field. Greenfield, Guydushi & Temple (1989) conducted an early study in this area which examined the cognitions relating to the self-regulation of alcohol consumption in their sample of 2,482 drinkers. They used the Reasons for Limiting Drinking Scale (RLD; Cahalan, et al., 1968; Room, 1985; Social Research Group, 1981; developed from national and

student surveys) which consists of 22 items with 9 items adapted for reasons not to drink

focusing on self-reform (for example 'someone has suggested that an individual drinks less',

or that the 'individual has become concerned with their drinking'); Up-bringing (this

involved religious factors on drinking being discouraged and being bought up by the family

not to drink); Self-control (self-regulation related to negative expectancies such as ' I have

seen the negative effects of someone else's drinking' or a desire to be in control and not

drink to excess); and finally performance (this consists of interference with studies or

performance in sports and disappointment of parents/family regarding alcohol use).

Findings suggested that motivations for limiting drinking were heavily related to upbringing,

and that conservative drinking behaviour (limiting) was correlated with more parent

disapproval or general family and community disapproval. Performance reasons did not

significantly correlate however but was shown to associate with heavier drinking, possibly

implying that the individual may understand that alcohol reduces performance and may

displease their parents or affect their academic pursuits. There was a difference between

older (aged 21-25) and younger students (aged under 21) in terms of limiting drinking. Older

students deemed upbringing and performance as being of greater importance than self-

control and self-reform. Whereas younger students deemed upbringing and parental

concern as more important. This goes against the literature that suggests that

family/parental influence is less important during adolescence and young adulthood over

peers (Borsari, Borsari, & Carey, 2006) and adds to the argument that parental influence has

a moderating effect on children's current and future drinking (Greenfield, Guydushi &

Temple, 1989). There were differences found amongst ethnic minority groups participating

in this study; the sample found all reasons to be important for limiting drinking apart from

self-reform aspects (possibly because there was more moderate use in ethnic minorities in

the sample). However, the white population of the sample found self-reform aspects more important in limitation of their drinking in comparison to the ethnic minority population.

Further evidence in the area comes from Australia by Stritzke & Butt (2001) in the development of the motives for abstaining from alcohol questionnaire (MAAQ; Stritzke & Butt, 2001). They evaluated 187 adolescents from three high schools in the metropolitan Perth area. They used the motive for abstaining from alcohol questionnaire (MAAQ) (Stritzke & Butt, 2001) which assesses reasons for not drinking alcohol either at all or on certain occasions and consists of 5 factors that assess dispositional risk (aversion to alcohol that is specific to medical conditions, genetic predisposition, family or personal history of alcohol problems and medication regime). Family Constraint is another factor in which disapproval from family or friends are assessed in items. Fear of negative consequences such as concern about getting in trouble from drinking too much in relation to job performance, academic performance, and losing self-control. Indifference was a factor which examined general indifference towards alcohol such as not having the desire to drink or simply not liking it. Finally, religious constraint looked at dictation of religion or personal spiritual beliefs in relation to its influence in limiting drinking. Their findings showed that those who scored higher on indifference drank less frequently than those who had scored low on these motives. Additionally, they found that the global decision within the sample on whether to be a drinker or abstainer seemed to rest on dispositional risk, indifference, and religious constraint. Overall fear of negative consequences from alcohol consumption was the most endorsed motive in relation to abstaining or limiting followed by family constraint. The findings from Strizke & Butt (2001) highlight the importance that individuals place on self-regulation using social cognition towards limiting alcohol intake or choosing to abstain.

However, one of the limitations of this study is that, due to the cross-sectional design, it is difficult to consider individual's life changes and how they might affect choice to abstain and limit drinking. Hence, longitudinal studies at different time points would be most interesting to see if these reasons for drinking and abstaining would be similar across an individual's life. The main findings across the two studies reviewed in this section towards reasons for individuals to limit their drinking was due to factors of family constraint and fear of negative consequences. However, the order of these factors or emphasis on them could change depending on culture and age. This can offer insight into abstaining and limiting variables that are important for national norms and act to regulate or increase drinking.

There are many influences that have been explained earlier in terms of an individual's choice to use or not use alcohol in culture. This can be related to parental influences, peers and personal, as well as, normative cultural reinforcement. Hence another aspect of inquiry in this thesis will study reasons for abstaining and limiting in Italy and England.

1.8 Rationale for the Thesis

The results of this extensive review of national statistics for Italy and the UK, and review of the literature highlight the need for a better understanding of cultural differences in drinking behaviour (Kuntsche, et al., 2015). This is of significance when attempting to make sense of the various individual and social factors which play a part in influencing decisions about how much or whether to drink. Over the past 5 years, Italy has gained increasing attention for being a culture that appears to have moderate drinking patterns and decreasing alcohol consumptions year on year, not all of which can be directly attributed to

policy interventions (Allamani, et al., 2010). There appears to be a range of protective

drinking practices in place that are both worthy of investigation in their own right, and

additionally in comparison to countries with higher and different drinking patterns to

establish what lessons can be learned for addressing harmful drinking practices (Allamani, et

al., 2010; Sturnin, et al., 2010; Torronen & Beccaria, 2014). Hence, England has been chosen

for this specific purpose.

The review of the literature pointed to the need for greater in-depth investigations to

explore social drinkers' experiences of alcohol in order to throw light on a range of factors

that have not been covered by the existing literature, or which provide a more detailed

picture than can be proffered by quantitative studies in this area. Another area identified by

the literature review as being worthy of further investigation relates to drinking

expectancies and motivations. These are complex, multifactorial, and nuanced covering

broad areas such as positive and negative expectancies linked to drinking and a range of

individual and social factors which contribute to promoting or limiting drinking behaviour.

To date, while there have been some limited in-country comparisons in these areas, for

example comparing northern and southern regions in Italy (Kuntsche, et al., 2015), this has

not been extended to include cross-national comparisons to establish how these may help

to make sense of observed drinking patterns. A cross-national study is required to tease out

which factors may be more strongly linked to individual, social, political, or cultural factors

to arrive at a clearer understanding of the influences of drinking behaviour and to better

inform policy by contributing to the evidence base on what limits and motivates drinking behaviour.

1.9 Research questions

The key research questions that are to be addressed by this thesis are as follows:

I. What are individuals' experiences of alcohol drinking practices in England and Italy, and what are the differences between them?

II. Are there differences in the consumption and frequency of drinking between Italian and English respondents?

III. What are the differences and similarities in alcohol motives for Italian and English adults?

IV. Are there differences in alcohol expectancies between Italian and English adults?

V. Do English respondents have higher positive alcohol outcome expectancies and is this related to the level of alcohol intake?

VI. How does recall of perceived supervision when younger differ between English and Italian participants?

VII. What degree of emphasis has been placed on either limiting or abstaining from alcohol and what are the factors that influence the decision to do this?

Chapter 2 goes on to provide a detailed on the methods used to explore address these research questions.

Chapter 2: Methodology

This chapter provides an account of the theoretical framework adopted in this thesis, the rationale for the adoption of a mixed methods approach and an account of ethical considerations.

2.1 Theoretical framework

The overarching theoretical framework for this research is derived from an approach that allows the blending together of qualitative and quantitative approaches in pursuit of providing a detailed account of the phenomena under investigation, using a multiple methods framework. The following section provides a rationale for adopting this theoretical framework and resulting approaches adopted in this research.

2.1.1 Paradigms in social research and theoretical grounding

The epistemological positioning of any piece of research is more than just a technical or tick-box process. The stance adopted in research implicates that research, the researcher and researched are within a particular world view of what counts as valid knowledge and legitimate methods of collecting and interpreting that knowledge (Greene, 2007). This research will make use of qualitative and quantitative methods, which are described as having divergent epistemologies. Quantitative research is often positioned as being able to produce objective knowledge which posits a close convergence between reality and representation. Through deductive reasoning and application of scientific method, the researcher can confidently accept or reject hypotheses about the world. Qualitative

methods on the other hand are often associated with constructivist epistemological frameworks, which foregrounds the multiple readings that can be given to any findings. Furthermore, that these are contingent upon the tools used to collect data as well as the temporal, historical and geographical contingencies of the research which are fluid and subject to change. Willig (2013) argues that constructivism presupposes that there are multiple subjective realities that are embodied in an individual's world. Individual experiences and environment shape these realities (Willig, 2013). By their nature, the idiosyncrasies of individuals' experiences are therefore considered in fully embracing the complexity of an individual's subjective reality. This is most relevant to qualitative enquiry in which an inductive process is utilised to generate theory from the data. Furthermore, the values of the researcher themselves are placed at the centre of the process via reflexive insight (Willig, 2013).

It has been suggested that due to their divergent epistemologies that the gap between quantitative and qualitative epistemologies is un-bridgeable (Creswell, Plano & Clarke, 2007, Greene, 2007 & Feilzer, 2010). Johnson and Onwuegbuzie (2004) however argue for a methodological pragmatism or a 'third stance' which can bridge the distance between the two modes of thought.

The 'third stance' adopted in this thesis permits a form of methodological plurality and pragmatism which, according to Wildemuth (1993), advocates a form of methodological pragmatism where methods to be applied in a particular study should be selected based on the research questions being addressed. As this research is concerned to address cross-national similarities and differences alongside an in-depth exploration of the use of alcohol in England and Italy, a mixed quantitative and qualitative methodological provides the best

means of approaching this. These approaches have been applied critically in terms of the

fallibility and limitations of each, self-consciously in terms of an awareness of the

epistemological divergence associated with these approaches, and also pragmatically.

Greene (2007) writes extensively on mixed methods in social inquiry and argues against

philosophical purity; rather she notes that pragmatism is necessary for philosophical

paradigms and mental models as it is expansive towards and embraces multiple approaches.

2.1.2 Rationale for adopting multiple methods approach

The pragmatic stance in this thesis seeks to explore alcohol attitudes and belief through

scientific investigation of two nationalities (United Kingdom and Italy). The subjective views

of both cultures were sought to compile, explore, and elucidate what is held as important by

individuals. This was considered an important starting point to analytically comprehend and

evidence differences in alcohol consumption and drinking behaviour.

Furthermore, from the subjective discourse of qualitative inquiry, the inductive process

directed questions towards motivations of drinking in two nationalities. This was examined

using social cognitive processes which are implicit and explicit in decision making.

Additionally, other influences which are socially constructed were of importance. These

influences consisted of religion, family, peers, family supervision and individual monitoring.

These components were relevant to explore the complex relationship surrounding social

drinking in the different nationalities. This may highlight difficulties regarding philosophical

stance as there are multiple stances that may be incorporated in conducting this type of

exploratory research. Schwandt's (2002) appeal towards a rationale of "practical

philosophy" argues against the outdated and rigid foundational stance of logical positivism and suggests that social investigation is better enabled via understanding of praxis (human action and practices in everyday life).

The rationale for using a pragmatic stance is that this research is in an explorative stage, therefore a constructivist and critical realist ideology is necessary (Bhaskar, 1975, 1998). This accepts that social inquiries cannot obtain complete objective knowledge of the real-world due to differences in world views or perspectives. This means that there can be more than one scientific way in which to understand and evidence reality regarding individuals' conceptual schemas. Further emotions, beliefs and values are all mental phenomena. This means that they are part of reality and not separated from it, as such, they are contributory factors regarding explanation of drinking comportment.

There is clear comprehension from the primary investigator that this form of enquiry is pluralistic in nature via using multiple paradigms. However, the guiding principles take a Deweyanistic pragmatic approach (Biesta & Burbules, 2003) which is a method of commitment to end-causes and outcomes of practice rather than abstract metaphysical ones. Traditionally there has been much debate over qualitative and quantitative research, however regarding multiple methods in research, a mono-paradigm approach is difficult to employ (Creswell & Plano Clark, 2007).

The intended focus of study therefore employs an explorative initial stage which scrutinises the subjective experience of participants. The findings from this phase (Chapter 3) will inform the implementation of a battery of psychometric questionnaires (Chapter 4). These self-report questionnaires aim to objectively examine motivation, alcohol intake, alcohol

drinking patterns and other related variables of individuals'. Overall, the testing of variables that are present from the initial exploratory phase requires quantitative investigation and therefore a post-positivistic stance. Therefore, a pragmatic paradigm offers a solution to an inquiry of this nature which does not fit entirely into a mono-methodological approach.

2.1.3 Design

This research adopts a multiple method design, comprised by an in-depth qualitative study on individuals' experiences of drinking alcohol based in Italy and England. The specific regions identified for study within these countries were selected based on similarities in terms of broad population demographics. The region in Italy targeted for this research is based in the north /north west of the country and in England the London and Greater London areas were selected for comparison. For brevity, these regions will be referred to as Italy and England when reported in the research.

In Chapter 1, a series of research questions derived from the literature were outlined. The following section will provide more detail about each research question and the associated methods that will be used to address them.

2.1.3.1 Methodological approaches to answer the research questions

Question 1

The objective of the first study was to explore what individuals' thoughts were regarding their drinking and how this played out in their drinking experiences (nationality: Italian or English). The aim was to try and understand what individuals recall from onset of alcohol

use as a child at a rudimentary level through to the current age they were at when taking part in the qualitative study (Chapter 3). This was decided upon to gain a subjective understanding. More so, Italy as a population were of interest due to the lack of research that had been carried out qualitatively in 2010 in relation to personal accounts of alcohol use. It was thought it would give insight into the possible national idiosyncrasies and further aid and shape the direction of the thesis. Therefore, a qualitative study was used as it was pertinent as an inductive process to explore more data rich content (Chapter 3).

The following questions were examined using a battery of self-report questionnaires. Therefore, they consist of an investigation from one study which contained multiple measures for motivations to drink alcohol, motivations to abstain and limit drinking, alcohol expectancies, supervision and parental attitude towards drinking and alcohol quantity and frequency measures.

Question 2

The second objective was to examine differences in motivation to drink alcohol between English and Italian respondents. This objective warranted a quantitative approach as it was actively regarding two populations on measures of motivation and alcohol use therefore self-report questionnaires were used to assess the levels of motivation and proceed to understand differences (Chapter 4)

Question 3

The third research objective looked to examine expectancies and if they were differentiated depending on culture. The assessment was carried out using self-report questionnaires on comprehensive effects regarding alcohol expectancies. Therefore, differences regarding nationalities on what positive and negative expectancies were present at categorical levels such as sex, as well as, binge and non-binge drinkers were examined. Predictive relationships of expectancies and alcohol consumption levels and binge or non-binge drinking relationships were inspected (Chapter 5).

Question 4

The fourth objective looked to explore if retrospective perceived supervision levels were rated as different between the two cultures. Furthermore, the supervision levels were examined to ascertain if they relate as a protective factor for drinking levels as well as motivation and expectancy of alcohol use. This was observed via items that asked retrospectively about family/parent supervision and attitudes; differences were examined (Chapters 4 & 6).

Question 5

The fifth objective attempted to analyse if there are distinct differences in motives to limit or abstain from drinking alcohol by the two nationalities. Such possible differences were examined to understand the thought process that is present when aiming to drink less or not to drink at all. Furthermore, factors that may protect an individual on a social cognitive basis were of interest to the thesis to see if there was national emphasis in certain

factors/reasons chosen to abstain from alcohol drinking. This was studied using the questionnaires based on motivations towards limiting and abstaining drinking (Chapter 6).

2.1.4 Sampling

A non-probability sampling technique was used (Vehovar, et al., 2016). This non-probability convenience sampling relies on individuals referring acquaintances towards the study and further recommendation through social media sites. This technique was the most appropriate approach in consideration of economic capability of the primary investigator, time limitations on recruiting sample and geographical location of individuals in the study (England and Italy). This technique was only related to collection of the survey and not for the qualitative study in the thesis.

2.1.5 Recruitment of participants

Recruitment was carried out via placing links to the SDQ questionnaire online (Appendix V; p 418) on university sites on 'Facebook', as well as, general social media profiles in September 2012 and was collected over the year to September 2014. Therefore, a convenient non-probability sampling method was utilised as it was timely and cost effective. Overall participants were recruited using Universities in England (Southern England) and Italy (Northern Eastern, North Western and Middle Italy) in urban areas. This was accomplished by requesting permission from the 'Facebook' admin of the university student page, and once permission was given, placing a link on their wall. There were many universities that were contacted, however University sites that gave permission for advertisement of the

research on their student Facebook pages were, Kingston University, University of West London, Royal Holloway, and Middlesex University. Italian Universities that gave permission consisted of University of Milan, Genoa, Sapienza, Padua, and Turin. Other modes in which the convenience sample was recruited were through referral 'friends' on social media sites. This was achieved by the respondents that had taken part in the study already as they recruited participants by placing the pre-constructed advert (description of the study and a link to it) on their 'Facebook' wall (with agreement between the primary investigator and willing individual). The written text on the study and link placed on 'Facebook' walls explained that the investigation was attempting to study social drinking in general, and that individuals who drink and/or abstain from alcohol were both welcome to take part in the study. Respondents chose whether to click the link to proceed to the survey or not. The first two pages of the questionnaire briefed the respondents, requested consent regarding participation, explained their right to withdraw at any point, that their responses would be used amongst others for analysis, and to confirm that they were aged over 18 and therefore eligible for the study. Respondents had to digitally mark these statements positively to be eligible to take the survey. Participants were recruited at many stages over 2 years by timed advertising and re-advertising via use of the link on the forums mentioned earlier.

2.1.6 Rationale for recruiting participants through online social media

There are advantages and disadvantages to recruiting online. In the past decade, online sources to gain participation have become an increasingly fruitful resource (Wright, 2006). It has been advantageous for researchers regarding easier access to unique populations. However, in the case of this thesis, access to geographical populations were simpler to

recruit (Wellman, 1997, Wright, 2000). There is a second advantage in that internet research saves time, as well as, money (Yun & Trumbo, 2000) by streaming recruitment through many channels such as online groups, chat-rooms, and message boards (Community; Hewson & Laurent, 2008). Furthermore, an advantage of using online research is that individuals may feel free to express themselves without worry of the researcher being present and with less face to face time which may bias responses (Wright, 2005).

Disadvantages to using online-derived sample have additionally been considered. For example, online communities and individuals are not encountered by the investigator(s) themselves, therefore little is known about the characteristics of individuals taking part (Dillman, 2000, Andrews et al., 2003, Wright, 2005). Dillman (2000) raises concern as to demographic information being questionable as the respondent is never encountered, therefore a respondent may give false information on answers to items or in their own demographic details. Additionally, when considering false or incorrect information, multiple responses are a concern (Wright, 2005). This is when a respondent fills out a survey/questionnaire more than once. This is inevitably a danger to the researches credibility. However, using survey packages this has become less of a problem. For example, software tools, such as, Survey Monkey build in the capability to stop an IP address from accessing the questionnaire more than once. This feature has been built into the response software used in this thesis to guard against multiple responses from one IP address. Another issue related to sample is self-selection bias (Stanton, 1998); this is a bias in that there are individuals that are more likely to take part and complete a given survey. This begs the question regarding those that did or did not take part and whether their responses would differ. For example, individuals that do not use online forums or social media are not recruited due to targeting these media only. Furthermore, access issues have been noted in

this thesis in consideration of the way an invitation to take part in the study is worded (Heckthorn, 2011). A lack of clarity of the study and its aims, and/or clear instruction can possibly prevent or divert response (Heckthorn, 2011 & Wright 2005). To prevent against this, careful display of the research briefing, and insurance of ethical considerations was clearly communicated. Furthermore, contact information of the researcher was important to aid in fostering some form of 'good will' between the researcher and participant; this was additionally carefully displayed to the respondents taking part in the studies of this thesis.

The use of online recruiting methods via deriving sample through convenience of posting the study on targeted pages on social media has its limitations. This method of non-probability sampling has been noted by Heckthorn (2001, 2011) in that it can skew data. The notion is that friends will have a similar view, or feel the effects of demand characteristics of their acquaintance or the researcher and may give socially desirable responses (Johnson & Fendrich, 2002, Heckathorn, 2011). Moreover, as 'friends of friends' or acquaintances of friends are considered 'with similar beliefs' this can be a source of bias through selection bias and self-selection bias (Wright, 2005). Furthermore, there may be biases as respondents that are derived through non-probability sampling are deemed as more cooperative (Heckathorn, 2011). Although this is a definite concern and limitation in much of social science research it is additionally an important media in which to have access to a population that may not be previously available due to location, time, and money (Wright, 2005; Heckthorn, 2011). For example, to recruit a broader sample of social drinkers to study it is important that not only a student population is represented in the study if it to be closer to real life (Tabachnick & Fidell, 1996). Furthermore, Wright (2005) has additionally suggested that there may be issues in online research to consider regarding demographic validity (those who are taking the survey accurately respond). However, the same can be

true in survey methods on paper by post or in a venue. Demographic validity and self-selection bias is a concern across many forms of research. Even introspective inability of comprehending information properly and responding correctly has been noted to be a concern (Haeffell, 2010). However, suggested action in research is that careful inspection of the information is most important (Tabachnick & Fidell, 1996, Wright, 2005; Heckthorn, 2011). This will be discussed further in the section 2.2.5 which describes data collection.

2.1.7 Sample size calculations and sample size

Sample calculations are important to justify and perform statistical tests required for the studies of the thesis (Field, 2009). Therefore, calculating power for optimum sample size is vital in terms of detecting statistical significance. Hair, Black, Babin & Anderson (2013) and Faul, Erdfelder, Lang & Buchner (2009) suggest components that should be met. For example, the level of significance is set generally at 0.05, which means that there is a 5% chance that the result is due to chance. Therefore, this (0.05) has been specified in G*Power to aid the calculation for different tests used within the thesis. Another component of power is that greater power will guard against committing a type II error (reporting a false negative or rejection of a potentially significant result). In G*Power this is a level set at .8 (80%) which suggests that that there is a 20% risk of committing a type II error. The effect size is another important consideration in that it quantifies difference between groups in low, medium, and large effects (Cohens [d] 0.2: low - .05: Large). A large effect size was set in G*Power to ascertain a minimum sample size and attempt to collect over what the minimum optimal sample. Furthermore, the numbers of variables were entered for each test as generally the higher the number of variables the higher the sample size. This was set

up similarly in most calculations using G*Power (3.0, Faul, Erdfelder, Lang, & Buchner, 2007) and are elaborated on in each chapter. However, as the quantitative empirical work was to look at differences within the cultures and between nationalities on multiple DVs a MANOVA was selected as appropriate. MANOVA also guards against type I & II errors and allows subsequently further tests to be conducted such as ANOVA and T-Testing without worry of error. Each chapter has its own explanation using G* Power to explain how sample size was derived in the first place. However, G*Power (Faul, Erdfelder, Lang, & Buchner, 2007; Faul, Erdfelder, Buchner & Lang, 2009) was utilised to ascertain the number of respondents needed to take part in the battery of questionnaires. Using MANOVA with an Apriori for computing sample size for 2 groups (Nationality) with 3 response variables (MAAQ, DMQ and AEQ) a total sample size of 122 was specified. The Power was entered as power 1-β=.95 as it signifies a maximum in power recommended by Faul, Erdfelder, Lang & Buchner (2009) and Effect size was selected for a large effect. Dattallo (2007) suggests that MANOVA (Global effects) be set with Alpha α = .05, 1-β = .95 and effect sizes f^2= Small = (.10) ^2 = .01; Medium = (.25) ^2 = .06; Large = (.40) ^2 = 0.16, (Erdfelder, Buchner & Lang, 2009). Therefore, $f^{2=}$.16 was selected suggesting the end total of 122 participants to give sufficient power to the studies.

2.2 Data Collection

The use of online data collection and sampling strategy (respondent driven referral, non-probability sample) has important implications for data collection. Given that two nationalities were to be studied in urban areas it is was important to use online forums and

social media sites to try and gain variation of individuals. This section will look at the rationale for adopting the method and how it was implemented.

2.2.1 Rationale for collecting quantitative data online

As discussed within the rationale for online recruitment there is much benefit to recruiting respondents through webpage/social media sites as larger amounts of sample can be recruited with less barrier due to geographic location. Cross-cultural research benefits from this as it can be easier to reach participants in other countries at no cost and in a more time effective manner (Kraut, Olson, Banaji, Bruckman, Cohen & Couper, 2004), which is advantageous in terms of time and economic means of the researcher (Wright, 2005; Heckthorn, 2011). In addition, a wider population can be recruited which offers a democratised data collection (Sax, Gilmartin & Bryant, 2003; Kraut, Olson, Banaji, Bruckman, Cohen & Couper, 2004). Further to this, recruiting abstainers and social drinkers in both countries was through convenience sampling in urban areas.

Limitation to this form of data collection is apparent in that online data response rates can be lower than for other methodologies. Hence quitting the questionnaire or drop-out has been recorded as higher than other methods (such as paper, Heckthorn, 2002, 2011). Conversely, the latter may be argued from a different perspective. There is a possibly when in the more formal situation of filling out a questionnaire, in front of the investigators may force the respondent to answer. Hence, although drop-out may be argued as an issue associated with online research, in the same instance it is not, as it does not force an individual to answer and truly allows the respondent to withdraw if they wish to. Therefore,

it is argued that completion is due to wanting to take part which should in turn allow for more realistic responses (Hooley, et al. 2011).

Further disadvantage has been argued towards lack of control over the data collection process, particularly over the environment of respondents' whilst taking part in the study (Hewson & Laurent, 2008 & Heckathorn, 2002). However as much as this is a weakness, it is in the same manner helpful as respondents are given the chance to respond in an environment of their own with no outside influence such as a busy and noisy environment. Respondents that are rushed or distracted could have an impact on their answers; however, this is possible in either setting and cannot be fully accounted for. It is considered that if a respondent is in their own environment and has chosen freely to take part they are less disadvantaged and would feel less urgency to hurry or be distracted from the questionnaire (Heckthorn, 2011).

Online software has some important and helpful functions that can help eliminate human error (Heckathorn, 2011; Hooley et al, 2011). For example, completion of items can be aided by forcing items. This guards against accidental error such as not ticking a response. Additionally, routing individual respondents through the questionnaire (such as in the case of abstainers in study 3) is helpful to ensure the right questions are answered and that the respondents are omitted from accidentally answering unrelated sections which may cause fatigue and lead to drop-out (Heckathorn, 2011). Hooley, et al. (2011) and Heckathorn (2002, 2011) state that to lower errors in online data collection it is important to enhance accuracy by forcing questions (using the software to make the respondent aware they have

missed a rating). Furthermore, they suggest that consistency is important in the layout. This consists of matrices to aid the respondent in ease of rating multiple questions with clear aides-mémoires of the scale. This makes rating more efficient and clear to individuals and allows for timely responses to try to combat participant fatigue (Heckathorn, 2011).

One limitation is that sample biases may occur. For example, generalizability towards the general population is difficult as there are demographic differences between users and non-users of the internet. However, considering the age range (18-35) within the study this may not necessarily be as prevalent in the current time where there is more access to technology and use is standardised within society to a certain extent (ONS, 2013). In fact, a survey of use of the internet within the UK by the Office for National Statistics (ONS 2013) gathered data from individuals aged 16-54 and found that 93% of their sampled population used the internet. Within the whole country 43.6 million people are recorded to use the internet (86%), therefore unlike in the 1990s where possible demographic differences such as social economic status, ethnicity, and gender (Kraut, Olson, Banaji, Bruckman, Cohen & Couper, 2004) may have led to sample bias, there seems to be less of a gap in the population.

In conclusion, bearing in mind the limitations of the method of data collection various strategies were utilised to minimise the risks. For example, techniques were utilised to keep respondents focused, matrices were incorporated to aid against drop-out as well as attempt to gain as much data accuracy as possible with minimal error. Finally, online data collection was considered as an optimal way to collect data due to the geographical spread of respondents which were harder to reach.

2.3 Questionnaires

The questionnaires that were used were pre-validated and pre-translated. They were presented in a battery depending on drinking status of participant. There were some minor changes to some of the original questions which related to parental supervision to allow retrospective answers. In relation to the pre-validated questionnaires, none of the questionnaire scales were changed or the wording. The battery of questionnaires is enclosed in Appendix V. The next section of this chapter describes the questionnaire (SDQ) in full; with a breakdown of the separate pre-validated components used.

2.3.1 The Social Drinking Questionnaire

The title of 'Social Drinking Questionnaire' was simply a way to contain a battery of pre-validated questionnaires using a title which was visible to respondents. The pre-validated questionnaires in the SDQ are outlined in the sections following this one; 2.3.1.2, 2.3.1.3, 2.3.1.4, 2.3.1.5 and 2.3.1.6. Hence, the SDQ as a title was a means to represent and contain the battery of questionnaires and is not a newly constructed measure. The SDQ questionnaire comprised of a total of 116 items and was constructed with clear sections; initial information was displayed on the landing page of the questionnaire which briefed the respondent on the study. Further there were a set of tick boxes that contained statements concerning permission of participation. These statements required affirmation (via ticking the box) to enable the respondent to move forward into the questionnaire. This set of items were 'forced' as an 'answer set' as it was important to gain permission from the respondent in the opening of the questionnaire (see Appendix: V; p416; question 1). The statements consisted of affirming that the respondent was 18 years and over, that they were aware that

their participation was voluntary and that may withdraw at any point. Additionally, they were asked to confirm that they understood that the primary investigator would hold all information and data securely and that the individual would not be identified as a participant. Finally, the last item requested the respondent to give consent to participate in the study. Other forced responses present in the questionnaire were applied to the Alcohol Use Questionnaire (AUQ; see appendix V; p416, questions 12-23), this was important to make sure that alcohol use was captured, and it was placed earlier in the questionnaire therefore if drop out occurred at this stage then it was less problematic for the participant and the research. To force an individual to answer an item can be considered unethical (Fox, et al. 2003), however if items are integral to the research such as giving permission to participation, and a key aspect (in this thesis alcohol use) then use is important. However, ensuring that a low number of items are forced is important in order to prevent participation fatigue and satisfy individuals of their options in the survey itself. Therefore, there were no more forced sections in the SDQ as an amalgamated measure of a battery of questionnaires.

Demographic questions comprised of a total of 12 items which were split in the questionnaire with 7 items at the initial stage and 5 at the end. The split of the demographic section was to try to ensure against boredom effects / participant fatigue (Bowling, 2005). Demographic questions consisted of age, sex, the name of the location of where they lived, their nationality, ethnicity and whether the respondent drank alcohol or not. The second part of the demographics requested the respondents' occupation, social class, religious/spiritual belief with a further question to classify it and highest level of education.

The subsequent demographics section comprised of 4 items which concentrated on days of the week in which a respondent dinks alcohol. This was partially used to look at the traditional drinking habits suggested in Italy as steady week-long drinking which has recently been noted to become more concentrated towards weekend drinking similarly to northern dry cultures (Heath, 1995; Pacifici, Pierantozzi, Di Giovannamdrea, Palmi, Mastrobattista, Mortali & Pichini, 2013, Masoni, 2009; Beccaria &Prina 2010). Therefore, respondents were asked to note the days of the week which were listed from Monday through until Sunday that they would typically drink and were notified that they may tick more than one box (See Appendix V; p416).

The rest of the questions in the section collected information on pre-loading/pre-drinking/pre-gaming. The respondent was not asked using the afore mentioned terminology but was enquired through an item questioning 'do you generally drink before going for a night out?' and thereafter was provided with a very brief explanation towards pre-loading (SDQ; Appendix V; p416). If the respondent ticked yes to this statement they were then directed subsequently to two items, one which asked who they drank with before going out and the other regarding reasons as to why they chose to drink before going out. The respondents were notified that they may tick more than one answer if they wished. The responses that were predefined for this item was 'cost effectiveness', 'getting into the mood for going out', 'because everyone does it', 'to get drunk faster' and 'other' were derived from reasons given in annual online polls from the foundation for alcohol research and education, (FARE, 2012, 2013). If the respondent answered 'no' to the initial question they

were directed away from the subsequent two preloading questions and on to the Alcohol Use Questionnaire (AUQ, Mehrabian and Russell, 1978).

2.3.2 Materials and Instrumentation of research tools

The social drinking questionnaire (SDQ) that was implemented contained a battery of pre-validated questionnaires such as the Alcohol Use Questionnaire (AUQ, Mehrabian and Russell, 1978), Drinking Motives Questionnaire (Cooper, 1994), Alcohol Expectancies Questionnaire (comprehensive effects AEQ; Fromme, Stroot & Kaplan, 1993) and finally the Motives for Abstaining from Alcohol Questionnaire (MAAQ; adapted by Stritzke & Butt, 2001). Some further questions were derived from academic published sources that concentrated on parental supervision, parental attitude towards drunkenness and family drinking or mother/father drinking and drunkenness (Beck, Shattuck, Haynie, Crump & Simons-Morton, 1999; Ledoux, Miller, Choquet, & Plant, 2001, & Yu, 2003). Additional items that were present investigated pre-loading/ pre-drinking/pre-gaming (i.e. drinking deliberately before going out for the motive of getting drunk, economical cost of alcohol, peer activity and social inclusion). Finally, collation of days of the week in which an individual respondent regularly drinks was recorded by the primary researcher alongside demographic questions (SDQ; Appendix V; p416). Below is a visual representation of the SDQ sections of demographics questions and pre-validated measures. Translation into Italian was carried out on the measures, they were forward translated by an Italian lecturer at Citylit (City University) and then back translated by a professional who works in English and Italian. Further to this there was one independent individual who was not a translator that read and undertook a practice of the survey in Italian. This individual was a third-year

student who spoke English and Italian at the University of West London and was proficient in both languages. Finally, one of the PhD supervisors who is Italian and works in both languages looked through the questionnaire. This last step was to ensure that there were many independent checks on the translated version of the SDQ and that it was carefully verified.

Table 3 (2.0): Table depicting the overview of the SDQ in sections

Demographics questions and Pre-Loading/ pre-drinking/pre-gaming (i.e. drinking deliberately before going out for the motive of getting drunk, economical cost of alcohol, peer activity and social inclusion)	**Section 1: Sections are brief breaks to procedurally give space and highlight the change from one set of items to the next.**
Alcohol Use Questionnaire (AUQ, Mehrabian and Russell, 1978)	**Section 2**
Drinking Motives Questionnaire (Cooper, 1994)	**Section 3**
Alcohol Expectancies Questionnaire (comprehensive effects AEQ; Fromme, Stroot & Kaplan, 1993)	**Section 4**
Motives for Abstaining from Alcohol Questionnaire (MAAQ; Stritzke & Butt, 2001)	**Section 5**
Parental Supervision, Parental Attitude towards drunkenness and family drinking or mother/father drinking and drunkenness (Beck, Shattuck, Haynie, Crump & Simons-Morton, 1999; Ledoux, Miller, Choquet, & Plant, 2001, & Yu, 2003)	**Section 6**
Remaining Demographics question (Split into two for participant fatigue)	**Section 7**

Sections were created in survey monkey to aid the respondent and give a perception of a break from one questionnaire to the next. In the following sections all, pre-validated questionnaires are explained in detail.

2.3.1.2 The Alcohol Use Questionnaire (AUQ, Mehrabian and Russell, 1978)

The Alcohol Use Questionnaire (AUQ, Mehrabian and Russell, 1978; See Appendix: V; p416) was administered to assess participants' alcohol consumption and frequency levels on a weekly basis (Mehrabian & Russell, 1978). The AUQ comprises of a total of 12 questions and

provides an accurate approximation regarding an individual's weekly consumption of alcohol (Townshend & Duka, 2002). Three alcohol products are observed within the questionnaire; (wine, AUQ questions 1–3; beer, AUQ questions 4–6; spirits, AUQ questions 7–9). Individuals are asked whether they drink wine or any wine type product such as sherry or port or not. If a respondent answered 'no' then they were diverted in the questionnaire to the next alcohol type product. However, if they responded 'yes' then they were issued with the question on how many days of the week do they drink this product. Thereafter the AUQ requested how many drinks per session were consumed, the brand (which aids in understanding units and the products they typically drink) and total number of drinks per week. The final question of total number of drinks per week is helpful to understand if the participant is responding mindfully to what they have noted in the latter two questions. This process was repeated for each type of alcohol product regarding quantity of alcohol consumed. Thereafter the main quantity questions, frequency / binge drinking items were asked using last three questions. The items request the respondent to estimate in the last six months how many times they have been drunk (AUQ; question 11), additionally how many drinks they tend to drink per hour (a measure of speed of drinking; AUQ question 10) and the percentage of times of getting drunk when going out drinking (AUQ; question 12).

The scoring of the AUQ is based on intake and binge drinking; scoring is sourced respectively from Townshend and Duka (2001, 2002). The AUQ presents a score calculated from number of drinks per week (drinks signifying pints of beer, glasses of wine or single measures of spirit), speed of consuming alcohol per hour (number of drinks per hour), total number of times being drunk in the preceding 6 months, and percentage of times getting drunk when

going out drinking. The equation regarding the AUQ score is depicted below; this score exhibits total consumption and pattern of drinking.

Item 3 + Item 6 + Item 9 (4 x Item 10) + Item 11 + (0.2 x Item 12)

In addition, having details of the brand of drinks consumed allows a calculation of Units per week, which is more useful than drinks per week.

To assess the binge drinking score and understand the relationship of how an individual is generally consuming the total number of units a 'binge score' was calculated for all respondents from the recorded responses from questions 10, 11 and 12 of the AUQ. The score was calculated using the same equation as the AUQ score (Mehrabian & Russell, 1978) however omitting items 1–9 that refer to quantity and type of alcohol intake, [4x (Item10) + Item 11 + 0.2 x (Item 12). This score provides an understanding of the drinking patterns of the respondents, therefore considers patterns of how alcohol is consumed rather than solely the amount of intake. Binge score is characterised by cut-off points to clarify individuals that are binge drinking and those who are not. A score of 24 and greater was clarified as a binge drinking score and below as non-binge drinker (Townshend & Duka, 2002). Equations were specified in SSPSS using syntax to calculate overall quantity and binge.

2.3.1.3 Drinking Motive questionnaire (DMQ-R; Cooper, 1994)

The Drinking Motivations questionnaire (DMQ; Cooper, 1994) is a four-factor model of motivations towards why an individual drinks alcohol, using internal and external positive

and negative motives. These motives consist of enhancement (internal positive), Social (external positive), coping (internal negative) and conformity (external, negative). It comprises of 20 items and is a self-report measure with questions asking the participant to respond to statements related to the factors by asking the individual to rate the items on a 5 point Likert scale (1= almost never/ never, 2=some of the time, 3=half of the time, 4 most of the time and 5 almost always), thinking of all the times they drink; how often would they say they drink for each of the "following reasons". Each factor comprises of 5 questions in which statements are given for the individual to rate. For example; social '*because it makes social gathering more fun'*, coping, *'because it helps you when you feel depressed',* enhancement **'because it's fun'** and conformity **'to be liked'** (please see Appendix V, p416 for the full 20 items).

2.3.1.4 The Alcohol Expectancy Questionnaire (AEQ) comprehensive effects (Fromme, Stroot and Kaplan, 1993)

The Alcohol Expectancy Questionnaire (AEQ) comprehensive effects (Fromme, Stroot and Kaplan, 1993). The AEQ (Fromme, Stroot and Kapla, 1993) is a 38-item questionnaire that assesses individuals expected positive and negative outcomes towards alcohol consumption. The questionnaire includes in total seven factors of which four are positive (Sociability, Tension reduction, Liquid courage, and Sexuality) and three negative (cognitive and behavioural impairment, risk and aggression and self-perception). The 38 items are all positively scored with no built-in lie scale, hence they are short if-then statements which are rated on a 4-point Likert scale rated 1: Disagree, 2: Slightly Disagree, 3: Slightly Agree, 4: Agree. The AEQ comprehensive effects consists of 7 factors Sociability; '*I would be talkative*' & '*I would be outgoing*', Tension Reduction; '*I would feel relaxed*', Liquid

Courage; '*I would feel courageous*' & 'I *would feel powerful*', Sexuality 'I *would be a better*

lover', Cognitive & Behavioural impairment 'I *would have difficulty thinking*', Risk and

Aggression; '*I would act aggressively*' & '*I would feel dominant*', and Self-Perception; '*I*

would feel guilty' and '*I would feel self-critical*'. Further to this are Global positive and

negative outputs that consist of grouped factors, with global positive comprising of;

Sociability, Tension Reduction, Liquid courage, and Sexuality. Whereas Global Negative

consists of cognitive and behavioural impairment, Risk and Aggression, and Self-Perception

(for further information regarding the questions please see appendix: V). In short, positive

expectations represent an important factor regarding motivation to drink while negative

expectation signifies an important factor that relates to limiting or restraining from drinking

(Cox & Klinger, 1988; Jones & McMahon, 1998; Lang & Michalec, 1990).

2.3.1.5 Motives for Abstaining from Alcohol Questionnaire (MAAQ, Strizke & Butt, 2001)

Motives for Abstaining from Alcohol Questionnaire (MAAQ) was included to assess

individual's reasons for not drinking alcohol at all or motives for respondents limiting their

drinking (Stritzke & Butt, 2001). The MAAQ comprises of 19-items in total and consists of

five factors that are (fear of negative consequences, dispositional risk, family constrains,

religious constrains and indifference) which are rated on Likert scale of '0 = not at all

important, 1 = slightly important, 2 = moderately important, 3 = very important, 4 =

extremely important' (for further information on the items please see appendix V, p416).

The factors were derived and are central to three domains that are fundamental in Cox and

Klinger's (1998) motivational model of alcohol use. The MAAQ (Stritzke & Butt, 2001) is a

five-factor model that observes and individual's motivation to abstain or limit alcohol

through, fear of negative consequences, dispositional risk, family constraint, religious

constraint, and indifference.   Historical or dispositional risk items relate to motives to limit

drinking for reasons such as association with medical conditions; '***I have a medical condition***

that is made worse by alcohol', medication regime or genetic predisposition as well as

concerns due to personal or family history with problem use; '***I have or used to have a***

drinking problem' and '***One or both my parents have or have had a drinking problem***'.

Moreover, family constraints are present as a factor to highlight concerns related to family

in terms of disapproval '***my family gets upset when I drink alcohol***' or practises within the

individual's immediate peer circle or family structure which enforce abstinence as a norm; 'I

was brought up to abstain from alcoholic beverage'. Religious constraints are represented

which is of importance to understand to what extent religiosity as a factor impacts on an

individual's choice to drink or not; '***my religion does not allow alcoholic beverages***'.

Conversely other items concentrate on a similar question related to the individual's belief

rather than forced abstinence via an institution; '***drinking alcohol is against my spiritual***

beliefs'. Situational items are represented by indifference towards drinking with questions

such as '***I do not have the desire to drink alcohol***' and '***I do not like the taste of alcohol***'.

Finally, cognitive mediating events centre on fear of negative consequences which regard

individual apprehension towards study or occupation (job performance), losing self-control

'***alcohol impairs peoples' control of themselves and I like to be in full control***' or economic

reasons '***I need money for things other than alcohol***'.

2.3.1.6 Family supervision and attitude

Questions related to family (primary and secondary care giver) on supervision and attitude

towards drinking were asked to respondents. These questions were derived from pre-

validated questionnaires in academic literature regarding supervision and parental attitude

towards drinking alcohol (Beck, et al, 1999, Ledoux, et al, 2001, Yu, 2003). Most items were

retrospectively phrased as the participant needed to recall their understanding of their own

parental/care-givers attitudes and supervision towards alcohol consumption. There are

noted limitations to collecting retrospective responses (Baddeley, 1979, & Bardburn, 2004),

It is argued that there are difficulties pertaining to the question and answer process in

surveys regarding distortion and faulty recall in retrospective questioning, however this will

be scrutinised later within the work (Chapter 7 limitations). Moreover, the questions were

of importance to the research to ascertain differences between cultures in terms of practice

or perceived supervision. Additionally, if these social rules were applied through the beliefs

of the respondent's care giver (s) there could be some relation to the individual being

protected by social rules implemented by their primary care givers in adolescence related to

culture. Therefore, initial items asked, *'what family setting the respondent grew up in'* and

a choice in response of; both *'mother and father, single parent family, foster care,*

adopted', and 'I would rather not say' was available. The final response (I would rather not

say) was permitted as an ethical consideration towards any respondent that did not wish to

disclose information to this question (Bardburn, et al. 2004). This is in-line with the BPS code

of conduct (BPS, 2009, 2013) in relation to protecting individuals participating in research.

Supervision questions were derived from Beck, Shattuck, Haynie, Crump & Simmons-Morton (1999) and Ledoux, et al (2001) on the individuals' perceptions of their parent's knowledge on their whereabouts in their adolescent years. This was related to significant nights of the week and to their spare/free time. For example, the item requests, '*when you were a teenager did your parent/guardian know who you spent your free time with?*' This offers possible choices in response consisting of; *always, sometimes, never, don't know*. Additionally, '*when you were a teenager did your parent /guardian set a time at which you were expected home*' with the same choices of; *always, sometimes, never, don't know.* A Cronbach's alpha was performed on a pilot sample of English (n=10) and Italian (n=10) respondents to look at the estimate of internal consistency associated with scores that can be derived from a scale / composite score. The accepted level of Cronbach's alpha should be at least .70, however Lance, Butts & Michels (2006) argue that the criterion of .70 is misleading. Field (2009) notes that number of items can affect values and therefore interpretation should be subject to these considerations. In relation to the two items the alpha for family supervision question 1 and 2 is reported (α = .60) further the item-total correlations are at .5 between the two. Ferketich (1991) recommends a minimum item-total correlation between .3 -.7 therefore the questions were found to be reliable between the 2 items. Cronbach's alpha was utilised as these questions were taken from academic literature that have been used in peer review publications. Although they were implemented in published researches, there are only two items, therefore it was deemed appropriate to run an alpha on Family Supervision and Family Attitude questions (below). Finally, Cronbach's alpha was not run on a pilot sample for the whole of the SDQ as pre-validated measures that have been tested repeatedly in peer review Journals were used.

Family Attitude questions towards alcohol drinking perceived by the respondent was gained via three questions derived from Yu's (2003; YPERCEPT) questionnaire on supervision in adolescent drinking regarding youth perceptions. The first two asked; '***How would best describe your mother attitude towards alcohol when you were in your teenage years?***' responses were on a 6-point Likert scale ranging from, 1=*strongly opposed, 2=moderately opposed, 3=indifferent, 4=accepts in family, 5=approves in general and 6=not applicable*. The same question was asked in relation to the father attitude with the same scale; '***How would best describe your Fathers attitude towards alcohol when you were in your teenage years?***' Finally, the question '***during your teenage years if you came home visibly drunk (e.g. slurred speech and / or uncoordinated movement) what would your parent (s) attitude towards your state be?***' was asked with the same the Likert scale as mentioned earlier. A Cronbach's alpha was additionally performed on the 3 items to establish interrelatedness within the questions. An alpha of α = .80 with the item-total correlations at .5, .6 and .7 respectively suggested that the scale reliability was met.

An item was included on visible drunkenness of the respondent's parents. This was asked alongside the initial question requesting if the parent (s) drank alcohol. This was a '**yes'** or '**no'** response item. This item was asked to screen participants away from further parental questions on drunkenness if they responded '**no**'. Thereafter it asked if they had witnessed their parents drunk using a '**yes**' or '**no**' response. Finally, an item asked, '***to what extent have you seen your parent (s) drunk?***' With the defined answers as ***tipsy/merry, moderately drunk, and heavily drunk*** (slurred speech and impaired movement).

2.3.2 Procedure for online questionnaire

Respondents were contacted through different social media via collectors linked to the address of the compiled questionnaire on Survey Monkey entitled Social Drinking Questionnaire (SDQ). Collectors are specified technical repositories, whether linked on social media or embedded links into websites, which indicate where respondents have accessed the survey from. This records information from internet and stores all the responses from the different possible pre-specified routes. The advertised links for the respondents were constructed with a web address accompanied by a message (separately in; English and Italian). The messages asked for the participation of social drinkers and abstainers and explained in brief. The link to the survey was placed under the composed message which took respondents to the start of the questionnaire, i.e. the briefing and permission stages. Further, collectors were placed with a short message on 'walls' within the social media and emails as well as embedded into university sites and university 'walls' on 'Facebook'. All respondents were briefed on the study, as well as, clear information on points of contact relating to the primary investigator and supervisors. This ability to contact the investigator proved helpful in the initial stages of the research regarding technical anomalies. For example, contact was made by a respondent from Italy to notify of a specific parameter within the questionnaire which asked for a 'percentage of time a respondent gets drunk'. However, the response was set as a numerical box which did not accept the percentage mark (%) and therefore was stopping the respondent from replying. Correction was made as the item was adapted to include a note to any respondent that the percentage was to be written in numerical value only and without the percentage mark.

Ethical considerations were made towards participants through information embedded social media and emails on alcohol help organisations. Although no dependent drinkers were targeted there was the possibility that if someone binge drinking was to become aware of their drinking and feel they needed help, literature was available regarding where they would go to gain support by contacting the primary investigator.

All respondents accessed the survey from a computer or other technology such as phones or tablets. There was an option within the survey to be able to leave it and then recommence provided it was the same computer used (due to IP address parameters which ensure multiple responses are not executed). This was implemented in consideration towards the burden of respondents who gave their time to the survey. Although this could be considered heightening the risk of drop out it did allow the ability to be flexible towards the participant and their time (Bowling, 2005, Bowling 2014). Moreover, the ability for the respondent to participate in the questionnaire in their own time and a setting of their choice was thought to reduce influences, for example time limitation and interruption, on response (Bowling, 2005).

The survey took a total of 25-30 minutes to complete. The time taken to complete the questionnaire was not advertised on the brief as stating time of completion may have affected participation and additionally item-nonresponse or shorter response times. However, the estimated length of time was advertised on the Facebook group description and on the advertisement of the survey which all participants would have had to go through to take part by clicking on the link (see appendix VII, p446). The decision to not advertise the time at the beginning of the questionnaire and only on the advertisement was taken as there was the possibility to save the questionnaire in progress and come back to it, and

additionally it has been shown by Galesic & Bosnjak (2009) that the longer the stated length of the questionnaire (10, 20 and 30 minutes) the more negatively participants associated willingness to participate.

A limitation to this electronic method/web based questionnaire was that it would be able to target those who are computer literate and can access their own personal computer/work computer or laptop. Further no auditory requirements were taken into consideration which would have excluded those with visual impairments or individuals in need or auditory assisted requirements in terms of reading and response (ACASI, Bowling, 2005).

2.4 Ethics

Ethical considerations of the research were carefully addressed and are outlined in relation to the implementation of research in the following section.

2.4.1 Ethical considerations to the respondent and acknowledging the potential for distress

An important consideration in the research related to respondents regarding worry or distress about their drinking. Although the studies were designed to look at abstainers and social drinkers there were binge drinkers in the study. This suggested there was a potential for respondents to maybe feel distress from their own drinking patterns or maybe experience worry related to drinking alcohol from self-disclosure (Frattaroli, 2006). Therefore, in fulfilment of BPS ethics, (2013) an information sheet providing helpline and

enquiry numbers of National Health Services and organisations were available for both

quantitative and qualitative phases of the research. Additionally, in the debriefing materials

respondents were notified that if they had experienced any discomfort or worry regarding

their drinking they may utilise these services and additionally had the contact of the

supervisor as well as the primary investigator of the study. The National Health Service web

information shows generic alcohol information for example, Alcohol Support, live well in

NHS choices. Furthermore, References to alcohol concern on 'help and advice with your

drinking' was available. For Italy, general information was available on request from the

Servizio Sanitario Nazionale (SSN). However further help if needed was suggested by region

as there is a different infrastructure to Italian services. However, such helplines were the

Nucleo Operative Alcologia (NOA, Milan) and a list from the Ministero Della Salute under

the SSN of regional numbers in Italy for alcohol services (Elenco* Dei Servizi Pubilici Per

L'AcoolDipendenza). Overall the study was not considered too sensitive regarding the

questionnaire used and specification of drinker (i.e. not dependent). There was less concern

on issues being present, however, precaution was taken throughout.

2.4.2 Ethical considerations of online research

Online research must correspond to criteria that are issued by the British Psychological

Society (BPS, 2013) and the Association of internet researchers (AoIR, 2012). Both produce

standard instructions that must be considered when conducting online research. A priority

of both is protection of anonymity of respondents and recommendations to carefully

download and store information to protect individual's right to privacy in this manner. This

includes not using online data gathering systems such as Survey Monkey to analyse in

preliminary fashion the data that has been collected and is identifiable by IP address. Using

enhanced features to anonymise participant information on a secure server (Survey

Monkey) was a further precaution utilised alongside downloading information (password

protected) onto a secure computer.

Other considerations are that internet surveys must contain some explanation of the study,

with consent gathering that is informed to the respondent. Furthermore, that contact

information is given should the respondent wish to query any concerns or request further

information from the researcher. Finally, the right to withdraw must be present to inform

the respondent that they are within their right to withdraw from the questionnaire at any

moment and without reason (BPS, 2009, 2013). This was written into the online

questionnaire as stated earlier. All materials in this matter were checked by the first

supervisor of the PhD and the questionnaire was accessed several times before it was made

live by members of the Psychology department in university of west London to check that

the information was clear and accessible but not to an exhaustive level. There is clear

information that was utilised in the research online available in Appendices (I, II, III and IV).

Both qualitative and quantitative studies were treated in the same manner. However, in the

qualitative phase information was explained verbally (at interview) as well as issued on

paper form, previously to the study.

2.5 Quantitative analysis and statistical tests

Analyses of the quantitative data involved descriptive and inferential statistics which were used to examine group differences between categorical variables of nationality, sex and binge and non-binge drinking respondents. Furthermore, relationships were examined on these levels using correlation and regression. All data that was gathered was in the form of interval data with exception of approximate self-disclosed weekly units consumed in alcohol. Therefore, it was assumed that parametric tests would be used in the analysis (Field, 2009). However, examination of the data in relation to data verification additionally ensured that parametric tests were utilised, these methods, will be explained within the chapter itself (Chapters 4, 5, & 6). The rationale regarding test selection will be presented in the following section.

2.5.1 Analyses of group differences MANOVA and T-testing

Inferential statistics were used to look at differences between categorical variables on data collected on their motives to drink, outcome alcohol expectancies, and motives to limit and or abstain from drinking alcohol. Multivariate Analysis of Variance (MANOVA) was utilised to analyse multiple outcome variables and multiple dichotomous variables (Field, 2009). The outcome variables were separate factors in motivation (Social, Enhancement, Coping and Conformity; Chapter 4). Furthermore, there were expectancies that consisted of Sociability, Tension reduction, Liquid courage, Sexuality, Cognitive and behavioural impairment, risk and aggression, self-perception, and global positive and negative expectancies (Chapter, 5). Motives to limit and abstain (fear of negative consequences, dispositional risk, family constraints, religious constraint, and indifference) and family supervision and attitude were

additionally analysed. Further to this there are continuous variables in relation to consumption of alcohol (in units) and binge score. As suggested previously MANOVA is important as an indicator of differences on one or more categorical variables over multiple DVs (metric outcome variables). Field (2009) suggests that there is a loss of power in using this approach but that there is a 'trade-off' as MANOVA will reduce the chance of a type one error occurring by using multiple one-way ANOVAs. Secondly Sphericity violation in ANOVA (within-subjects) can be an issue in relation testing therefore MANOVA is considered a valid alternative to the repeated measures ANOVA (Anderson, 2003). T-tests were employed to evidence significant differences found in interaction effects from the MANOVAs and their corresponding ANOVAs which were significant.

2.5.2 Multiple Regression and Pearsons correlation

Regression analyses are used to assess the extent in which predictor/independent continuous (or dummy) variables predict the outcome variable (Cohen, Cohen, West & Aiken, 2013; Field, 2009). They are usually run after significant correlation is identified between variables (Tabachnick & Fidell, 2007). The vital difference between correlation and regression is that correlation looks to observe relationship, but regression looks to predict. However, establishing causation in terms of the relationship and evidencing that one variable causes the other to increase or decrease is not necessarily in the capability of regression unless using experimental designs (RCTs, randomised controlled trails), as well as highlighting alternative associations between variables (Little, et al. 2012). However, regression offers useful insights into the way variables relate to each other and allows for two continuous variables to be rigorously tested to ascertain if a relationship does exist between them.

Multiple regression analyses were used to observe the relationships between factors and alcohol units, as well as, binge score. This was important to understand if these two variables were different for nationalities and if they did predict higher drinking or higher binging in the groups. Dummy variables were utilised when regarding nationality and sex as well as continuous variable of age, binge score and alcohol units consumed. This was utilised for analysis in Chapters (4, 5, & 6,) and will be expanded upon within these chapters.

2.6 Data Distribution

Data distribution is an important factor as testing for normality is an integral part to making sure statistical errors are guarded against (Ghasemi & Zahediasl, 2012). Statistical tests are based on assumptions that data follows a normal distribution / Gaussian distribution (Field, 2009). Normality must be of importance to be sure that conclusions of the data are accurate and reliable (Oztuna, Elhan & Tuccar, 2006). In general, with large sample sizes of 30 or 40 (Ghasemi & Zahedisal, 2012) the violation of the assumption of normality is generally less problematic. This implies that above these levels parametric procedure can be used even if the data are not normally distributed (Elliott & Woodward, 2007). However, true normality in argument has been less apparent in real world data (Altman & Bland, 2005; Elliott & Woodward, 2007). Nevertheless, the primary investigator carefully considered data verification. Overall Tests were performed such as looking at descriptives through Q-Q plots, Histograms and inspecting Z-scores. Further to this Kolmogorov and Smirnov testing (Razali & Wah, 2011) was analysed to be confident in non-violation of normality. If violation was

present then examination of skew, kurtosis was scrutinised through descriptive statistics. Furthermore, the outliers were cheeked using the outlier labelling rule. Skew and Kurtosis were tested using 'explore' in descriptives SPSS. This was conducted by splitting nationality and testing separately. Skew was present in samples for England and Italy. The skew in samples tended to be slightly negative depicting that concentration in distribution was towards the lower ends of the scale which related to a slightly higher disagreement within the factors themselves. This is not something uncommon to questionnaire research and in the case of response shows a higher level towards concentration of what respondents related to regarding items on the AEQ. Box plots and Q-Q plots were explored to ascertain outriders in the sample. Overall few outriding values were salient with a maximum of 1-5 depending on the factor and none for some factors. The outlier labelling rule (Hoaglin, Iglewicz & Tukey, 1987, 1986) was applied to the maximum and minimum scores using the 25 and 75th quartiles against the 2.2 multiplier (Hoaglin, Iglewicz & Tukey, 1986).

The outlier rule was considered in all analyses. Using this rule which is Q1 (lower quartile) and Q3 (upper quartile) multiplied by (g) which is a factor given by Hoaglin, Iglewicz & Tukey (1987, 1986) called a demarcation point. This point was found to be 1.5 (Tukey, 1977) by Tukey who originally proposed outlier labelling methodology. However, Hoaglin, Iglewicz & Tukey (1987, 1986) later updated this multiplier to 2.2 as 50% of the time in their simulation research they found that the 1.5 identified values that should not always be considered outliers. Outliers were present within the factors of the DMQ and in the AUQ when regarding the box plots for each of the factors of the DMQ and the AUQ. The factors that were noted in the two samples were coping, conformity in both English and Italian respondents however few were present. There was a larger amount in the AUQ quantity of alcohol consumption. The outlier labelling rule was applied by using a formula by the

previously mentioned 2.2 multiplier from Hoaglin, Iglewicz & Tukey (1987, 1986). The upper and lower demarcation points for were determined though this method. The formula is as follows:

$Q_1 =$ 25th quartile (Lower quartile)

$Q_3 =$ 75th quartile (Upper quartile)

g=2.2

$Q_3 +$ (2.2 * (Q3-Q1)

$Q_1 +$ (2.2 * (Q3-Q1)

The formulae were entered in excel to calculate the lower and upper bands of demarcation per factor. The upper and lower band points were expressed in SPSS via extreme values in which the Highest and lowest are given of cases in the data split by nationality. Each factor in all questionnaires were scrutinised against the demarcation points displayed from the outlier formula against the extreme values. For the DMQ the Lower was -.06 and upper 4.8 which is the range that scores should fall between if they are to be considered as not outriders. All but 1 in factors of social, conformity, coping, enhancement fell between these ranges hence via the outlier labelling rule there were few outliers outputting 5 which crossed the demarcation threshold of 4.8

Further to this Transformation of data was executed using Log 10 and square root to normalise skew and kurtosis of the sample. DeCarlo (1997) suggests that Gaussian value of .0 is a point in which Kurtosis must reside as close to as possible. Therefore, doubling standard error from the outputs from SPSS of skew and kurtosis would additionally determine if the levels are too large, and therefore require transformation to gain normality

of the data. Some argue that transformation of data is not helpful as it detracts from the

'real world' quality of the data (Graham, 2009; Tukey, 1977; Tabachnick & Fidell, 1996).

However, violation of the assumptions may cause inflated error rates and distortion of

statistical estimates via the underlying assumptions of the parametric tests utilised on the

data (Osborne & Overbay, 2004; Razali & Wah, 2011). Howell (2007) suggests a most

convincing argument towards transformation and comparison to the transformed data

outputs with the original data outputs in inferential statics. Therefore, transformation of the

data was conducted where necessary using log10 in attempt to normalise the data. Further

to this it has been decided to compare the non-converted scores to converted (transformed;

Howell, 2007) in the analysis to be confident that both outputs depict a similar outcome to

each other. Overall this treatment will be briefly described in the quantitative chapters

themselves as they were examined with the same logic explained in this section. There will

be a brief section within chapters 4, 5, & 6, depicting the tables and suggesting if

transformation was implemented or if outliers were removed.

2.7 Qualitative empirical work

2.7.1 Data Collection rationale

There are many methods for collecting data in qualitative research such as online, blogs, focus groups, interviews, and diaries (Hewson, 2007). Approaches that are used can be synchronous and asynchronous, which relates to data collection in real-time or delayed (Smith et al., 2003; Hewson & Laurent, 2008; Smith, 2015). Synchronous methods are considered real time collection such as face to face and telephone interviewing (Greenfield, et al., 2000). They are helpful to elicit response in comparison to asynchronous methods and are interactive. However, limitations can be that reflexion of the interviewee is limited in comparison to online methods completed in the interviewees own time. Additionally, the interviewer can play a vital role in creating ease for the interviewee and can be a facilitator or in some cases not depending on rapport and agenda (Patton, 1990, 2002).

The use of qualitative interviewing provides advantages in that exploration of a subject can provide elaboration of data in comparison to a quantitative approach. However, the limitation of this can be that a qualitative interview can be more intrusive into the interviewees' life and therefore caution must be noted in terms of over self-disclosure of information (Patton, 1990, 2002). Such issues can be reflected in power dynamic between interviewer and interviewee (Hewson, 2007) in that social pressure may be felt to give more desirable responses of what the interviewee may think that the interviewer would agree with. Further to this, worry of judgement by the interviewer may add to this problem. Therefore, it is up to interviewer to ensure a non-judgemental atmosphere which is conducive to allow the interviewee to feel open. This can be built with rapport (Hewson &

Larent, 2012) between the two in order not to undermine the interviewee's self-disclosure and to encourage a diplomatic process. In some instances, this can be a fine art of encouraging confidence and allowing space for openness. This mode of collection and analysis does not allow for generalisation of the topic to the rest of the population. However, this was not the main aim of the research as it was simply an isolated exploratory study to allow for further examination on a quantitative level.

2.7.2 Data Collection procedure

Face to face semi-structured interviews were held in a quiet space usually within the home of the respondents or the primary investigator's work space. An option for a neutral location separate to either party was additionally offered to respondents. Further to this, Skype interviews were employed due to the distance regarding Italian interviewees. Skype interviews were respectively held in a quiet setting chosen by the participant and primary investigator individually. Skype is a 'voice over the internet protocol' (VoIP) system that allows individuals video/audio calls. The use of Skype was employed for financial and geographical difficulties (Hooley, Wellens & Marriott, 2012). Initially Skype was not a feature and face to face interviews were the preferred method in which to conduct interviews. However due to the time and monetary limitations it became essential. A total of 10 interviews were conducted using this VoIP system. All interviews were face to face and participants were offered the ability to not use the real-time video if they did not want to. Respondents were instructed as to their right to withdraw at any point and their right to omit any questions they did not wish to answer. Interviews were scheduled for one hour but if the respondent wished to carry on the interview beyond this time the individual was

notified of the time and politely asked if they permitted the interview to carry on. Over

disclosure (Rothera, et al., 2008) was protected against by re-routing/explaining the

question or carefully steering respondents away from their dialogue without emphasising or

being abrupt to not disturb the natural flow of the interview. Over disclosure was noted

when respondents gave detail in their testimony on other individuals not relevant to their

experience and additionally if their discourse was not relevant to the topic itself. All

interviews were audio recorded. The primary investigator undertook transcription. Each

transcript and recording gained was protected by a pass-word and respondents were

notified of this. Passwords were set-up using Microsoft office and simply assigning a

password when saving the document.

2.7.3 Semi-Structured Interviews

Semi structured Interviews (SSI) were employed to elicit information from interviewees as a

method of data collection. They are well placed for an explorative study regarding

perceptions and opinions of participants surrounding family and peers, as well as recall of

their own personal history of alcohol consumption. SSI's have questions prepared for in

advance. Questions are generally constructed via being informed from research in the area.

These can consist of actual questions from academic papers or questions that relate to

concepts or constructs (Wengraf, 2001).

Questions were focused around initiation, peer and family drinking, Current use,

experiences when inebriated and use of alcohol with peers (see Appendices I & II for the

interview schedule, p406). As suggested earlier the interview questions were collated

through reading into background research on different variables that are related to alcohol comportment and influence.

2.7.4 Participants

To gain good representation and rich data, Smith (2015), Willig (2013) and Marshall (1996), suggest that there is no definitive sample quota for qualitative studies. However, Marshall (1996) notes that 15 participants offers sufficient data for themes to emerge before information redundancy or saturation is reached. Smith (2015) recommend 2-15 participants. Therefore, a total of 6 male and 6 female participants were recruited (12 per country; combined this equates to a total of n= 24 participants). A purposive sample of University, college students and working professionals were selected (judgement sample, Oppenheim, 1999 and Marshall, 1996). Purposive sampling as indicated is a non-reliability sampling method that is a non-representative subset of a given population (Guest, Bunce & Johnson, 2006). Generally, it is employed because it serves a very specific need or purpose. Hence, respondents were selected according to their ethnicity. This was considered important to gain a more accurate depiction of culture. For example, a white British person with at least 3 generations from Britain is important to be sure of good cultural representation. This act is not meant to be discriminatory for any reason other than to gain a true insight into culture. Additionally, purposive sampling was used for recruitment of Italian interviewees. This took into consideration if the person was first generation southern or northern Italian. The participants were engaged through University contacts (Students in the University of Milan, Florence, Genoa, and Turin) and a local teacher (Ligurian Secondary/college English teacher) in Italy and England (University of West London, Kingston University, Kingston, and Esher college). This was achieved via word of mouth and

social networking. All respondents were either in continuing education or educated to PG, HE, or FE level. The age range of the participants was 18-28 years old to take into consideration the peak in which higher drinking rates occur (Hemstrom, Leifman & Ramstedt, 2002 & ESAPD, 2007). Furthermore, it was considered that ethically it would be better to engage respondents at the legal age to drink.

2.7.5 Topic guide

The topic guide comprised of open-ended questions relating to early understanding of alcohol in childhood, through to current age. This was explored in different sections of the interview from adolescence to young adulthood to fully comprehend the different stages for the individual. Parental use and allowance was considered to explore how the interviewees understood their own parents drinking and to gage if there were any problems within the family. Another enquiry was to ask why interviewees drank, for example what their comprehension of their own drinking was and what encouraged them to do it. Finally, their experiences of drinking and drinking games were explored. The topic guide (interview schedule) is available in both Italian and English in Appendices: I & II (please see page for an in-depth version of the guide, p406). Forward and back translation was carried out by one independent translator from City University who lectures in Italian and a professional working in Italian and English in London regarding the topic guide and the information packs. Furthermore, interviews were all translated using this method. This procedure is quite long, and costly as back, and forward translation must be allotted time to allow for disagreement, discussion and resolution between translators and the primary investigator. The next page a table illustrates the basic questioning from the topic guide.

Table 4 (2.0): Topic Guide for the semi-structured interviews (qualitative phase)

Questions for the semi-structured interview	Section
1. **So, tell me a little about yourself and what you do (Age, Job, Hobbies,** this is to warm up the conversation with the person**)**	**Introduction and getting to know the respondent.**
1. **At what age did you first encounter alcohol (**not drinking)**? What was the situation?** 2. **Initiation of drinking: At what age did you have your first alcoholic drink? What was your experience? (***probe: first sip or tasting at a young age***)**	**First memories of alcohol and experience**
1. **Moving onto later in life ...when you had what you would consider a sessional or social drink (***probe: i.e. socialising with friends or ...most likely teenage years***)** 2. **Can you recall a specific event? (**Prompt**)**	**Adolescence experience**
1. **Current drinking: what is your drinking experience now? (***LUISA If they are older i.e. late 20 / 26***+)**	**Current experience (if applicable)**
1. **Why do you drink (this is an open question, prompt them if you have to...you should get answers like conviviality ask why it makes them experience that...it is important to them?** 2. **How important are aspects of drinking alcohol is to you? (***What do you get out of it?***)** 3. **In what social contexts or situations do you drink? (***Be aware maybe the participant has covered this already. If they have done so, please do not ask again or ask further if they have other establishments etc they enjoy drinking in***)**	**Individual experience**
1. **Do your parents drink? (***no need to probe ask the question below***)**	**Experience of parents**

2. **What has been your experiences when your parents of your parents drinking?** (*Prompts: Did you view your parents drinking as a child? How often? In what circumstances?*) 3. **Did your parents offer you alcohol?** 4. **Generally, how much did your parents drink that you can remember regularly, infrequently?**	
1. **Do you drink with friends? What has been your experience with them?** 2. **What have been your experiences in drinking when you are in large or a small group of friends?** (*Prompt: Do you perceive a difference in your drinking when you are with your social group or friends?*)	**Peer Experiences**
1. **Have you ever played drinking games? /Or do you use drinking games when on a night out?** (Probe: Is this a regular or infrequent practise?) 2. **To what state do you reach of inebriation if you are playing a drinking game?** 3. **What has been your experience of drinking too much? (Note***: the person could have already answered this in the last question, so it might be useful to ask if*	**Drinking comportment**

*what they have recalled has been the most drunk they have felt***)**	
1. **Food and alcohol (how do they perceive it) ...what is your experience and knowledge regarding Food and alcohol Is it important to them** 2. **Do you drink every day? (**With food? Do their parents? is it an institution, how do you know what alcohol goes with what food how do you learn?**)**	**Alcohol and food**
1. **Is there anything more which you wish to add that has not been covered or you feel is important?**	**Additional information, debrief and close.**

2.7.6 Ethical Issues

The research was complied with the British Psychological society's (BPS, 2009) code of conduct, principles, and guidelines. Informed consent was ensured throughout the study and an information pack (See appendix III; p411) was issued to brief all interviewees. Additionally, the information pack informed interviewees of their right to withdraw at any point before or after interviewing. It further assured that they could withdraw without reason; and therefore, guarded against interviewees feeling that they were obliged to take part in the study. Confidentiality was ensured and explained regarding the use of pseudonyms via initials in the transcripts and analysis summaries. Consent was achieved via the respondent agreeing on the recorded interview and therefore giving permission for their interview to be produced into verbatim and subsequently analysed amongst other respondents. An official university contact was given to the respondents urging them to feel

free to contact if they had any queries or concerns regarding the study (pre and post interview). Leaflets and information on alcohol help and advice (Appendix VIII; p446) were carried with the interviewer offering telephone numbers and advice from various alcohol use help agencies should the respondent feel concern or distress over their own alcohol intake. Finally, a request was made after each interview on return of transcription; mainly used as a validity measure. Respondents were asked at the end of the interview if they would like to receive a copy of their transcribed discourse to review it and confirm that the information was correct and present. In total four English respondents reviewed their transcriptions. However, Italian, and other English interviewees declined to read their interviews (the limitation regarding this will be discussed after the findings for the qualitative phase in chapter 3).

2.7.7 Data Analysis

The following section looks to explain and describe the data analysis utilised in the qualitative phase, and, the rationale underpinning its selection. Thematic Analysis (TA) was chosen for its flexibility in being able to explore latent as well as manifest themes.

2.8 Thematic Analysis and rationale for its use

Thematic Analysis (TA) is a method in qualitative research to systematically gather and identify themes through their patterns of appearance in verbatim of respondents (Clarke & Braun, 2013). This is achieved via analysing across the data set (in this instance across the English sample separately from the Italian sample). Collective or shared experiences become

apparent when repeated reading and coding of the information is conducted which in turn elicits themes. TA was chosen as it is flexible, and enables a detailed exploration on individuals' alcohol drinking experiences and how these experiences are made sense of. Furthermore, with TA obvious or semantic meaning can be interpreted and further latent meanings can be reported on. Latent being the assumptions and ideas that lie behind the discourse that is explicitly mentioned (Braun & Clarke, 2006; Clarke & Braun, 2013; Clarke & Braun, 2013).

The approached used in TA can consist of inductive and deductive approaches. An inductive approach to data coding is a bottom-up approach in which codes and thereafter themes are generated (Braun & Clarke, 2006). Hence, the data content will inform the investigator in generating themes. Conversely a deductive approach is a top-down process in which concepts and ideas are brought to the data. These concepts and ideas are therefore used to code and interpret the data (Braun and Clarke, 2006, 2012). Hence what is mapped by the researcher is not always closely linked to the sematic data content unlike inductive where it is closely linked to the sematic content. Braun & Clarke (2012, 2013) suggest that a stance should be taken to analyse the data, however they argue that coding, can and often uses a combination of the two approaches. In this thesis, a flexible stance has been adopted and an inductive approach via coding the semantic data was used.

The five-phase approach from Braun & Clarke (2012) to code and analyse the data was followed. The table below (Table 5) summarises these stages to inform how these two points were derived from the data.

Table 5 (2.0): table outlining, in brief, the five-phase approach to coding and constructing themes in analysis of data (Braun & Clarke, 2012)

Phase 1	
	Familiarizing Yourself with the Data
	Common to all forms of qualitative data analysis. This phase involved reading and re reading data. Initial annotation of scripts was performed regarding potential interest
Phase 2	
	Generating initial codes
	At this phase, systematic analysis was performed regarding coding. Specific words, sections, sentences, and phrases were highlighted, and notes written to identify points of interest and similar codes across the sample
Phase 3	
	Searching for Themes
	Searching for themes was an active process in which generation and construction of themes emerged from cluster codes. For example, clusters were formed around recall of family present in early encounters of alcohol in which supervision was noted through monitoring and education of drinking. Therefore, these clusters became themes and initial understanding of themes.
Phase 4	
	Reviewing Potential Themes
	In this stage, the developing themes were revisited to clarify and review to the coded data. Questions were pitted against the data such as:
	1. Is this a theme (or just a code)
	2. If it is a theme what is the quality of it? (Does 3. it suggests something useful about the data?)

4. Are there enough meaningful data to support it (Thick or thin theme)

5. Is the theme coherent or are the data diverse and wide ranging?

Phase 5	

Defining and Naming Themes

This process was to group subthemes and make overarching themes to shape the analysis and explain the findings of the data.

Selection of quotes were made to example the theme out of the clusters of them.

Descriptive themes and interpretative towards the research question were further shaped and illustrated.

Thematic analysis is suited to exploration of topics with no specific theoretical underpinning and is less concerned with detail and the individual (ideography, Braun & Clarke, 2006). Therefore, from this approach analysis can be latent but can additionally handle manifest themes. This lends the ability to gage what might be considered more trivial aspects of patterns in behaviour. These aspects are important as they can be associated to culture which can include practices as well as beliefs and therefore aids this phase of the research as an exploration on a manifest level.

To enhance rigour and validity of the analysis a completed PhD student who was practised in TA was requested to co-code. The level of agreement was discussed between the researcher and the co-coder. There was a good level of agreement however there were some difficulties in relation to one manifest subordinate theme. A sub-theme amongst the

Italian cohort consisted of 'social shift' (Italians feeling that the drinking culture is changing). This specific theme was noted by co-coder and discussed with the primary researcher. After discussion, it was agreed upon that this theme was not applicable as it is a perception of the participants in the study which does not make it legitimate to actual or potential 'social shift' in society. Therefore, it was not included in the results.

2.9 Conclusions and implications of the thesis

This chapter has defined the theoretical and methodological rationale that underpins the empirical work that was undertaken towards the research. Furthermore, it has described methodological approaches and procedures used for the studies of this thesis. As suggested in the introduction (Chapter one) there are some studies that aim to describe alcohol consumption socially, however, Italian drinking, although documented has not necessarily been explored as extensively. Therefore, along with the research objectives the approach that has largely been determined is a pragmatic approach to understand individuals' personal experiences, beliefs, and customs / practises in drinking alcohol. Therefore, with this pragmatic approach the use of mixed methods was justified. Sampling strategies and data collection were discussed and argued in strength and weakness which led to the choice of using online data collection from a newer area via gaining sample through social media. There are limitations in relation to control of the sample. However, conversely, this newer technique of gaining sample was discussed in that it allows recruitment in two geographical locations at once. Furthermore, it has become a popular mode in which to gain data through respondent-referral, and although this is not without its limitations, it is representative of a pool of respondents that is likely to offer a diverse range in sample which fits with 'real

world' representation. The quantitative scales were discussed, and as pre-validated measures are reliable and valid for use, furthermore statistical tests were outlined.

The qualitative element of the thesis was discussed and outlined with rationale and methods explained by relating the research objective. This resulted in the choice to select of Thematic Analysis (TA) as it is considered flexible in its latent and manifest ability to define patterns in data gathered.

The subsequent chapters 3-6 will outline the empirical qualitative and quantitative work conducted. Each chapter will explain the individual aspect of the research undertaken. The starting point will focus on a qualitative exploration into the two nationalities and how they perceive their alcohol drinking (Chapter 3) and will extended into the quantitative studies thereafter (Chapters 4, 5, & 6).

Chapter 3: An exploration of individuals' experiences of drinking alcohol for Northern Italian and Southern English respondents.

This chapter examines <mark>individuals' alcohol drinking experiences</mark> of Italian and English participants' alcohol use. The chapter provides an overview of the methodology used, an anonymised profile of the participants taking part in this study, and the themes identified in the data. The chapter concludes with a discussion of the study's findings and limitations.

3.1 Introduction

The <mark>results</mark> reported in this chapter documents the various discourses on alcohol comportment and consumption adopted by participants taking part in this study. As suggested by the literature reviewed in the first chapter of this thesis, there are many aspects related to how drinking comportment is shaped. Strunin et al., (2010) explored cultural norms in Italy regarding drinking and practices of Italian young adults in a qualitative study. Their findings revealed that drinking was associated with convivial behaviour, such as meal times and general family social life. They found that the first drinking 'session' taking place outside of the family setting (with peers) was higher amongst young people that were not permitted to try alcohol within the household (5 + drinks). On the other hand, participants who had been permitted to drink in the family at meal times generally moderated their drinking to below 5 drinks outside of the family context. This study demonstrates that for some young Italians initiation of alcohol consumption within the family home may act as a moderator for their drinking behaviour outside of the home. For those participants who engaged in drinking with their families, wine was viewed as part

of an embedded act of conviviality around meal times. Additionally, for the participants' alcohol use was regarded as a practice that should not be in isolation; and that drinking alcohol is thought of generally as a social action. This suggests that alcohol drinking when initiated in the family and 'rule bound' via vicarious social learning may protect individuals' alcohol intake and drinking style and be educative for adolescents. However, this is a supposition from the outcome of this qualitative study and would merit further investigation in alcohol communication between parents and their adolescent / young adult children.

Some English studies suggest different emphasis is placed on the use of alcohol. Griffin, et al., (2009) focused on 89 young adults in England from the ages of 18-25 on their everyday drinking experiences by what they classed as 'ordinary' consumers (non-dependent or problematic drinkers), using focus groups. They found that young people's focus was mainly towards drinking to get drunk. Valentine, Jayne, Gould, and Keenan (2010) studied different generations of individuals in England using 2, 089 participants. They asked questions towards participant's experiences in the home with alcohol, and outside of the family setting. Their findings suggested that over subsequent generations alcohol has taken more of an active role within the family home, and that the availability of alcohol in the home raises the likelihood of drinking. They suggested that older generations experienced more discipline from parents regarding alcohol and that there was less use of it in mealtimes and in the home in general. Whereas with younger generations, alcohol in the home was considered more acceptable but not specifically in meal times. Valentine, et al., (2010) proposes that enabling expressivity of English children regarding alcohol is a contemporary practice and can be variable depending in which context it placed. For example, in Valentine

et al's., (2010) study parents were more reluctant to discipline their children on drinking alcohol. This is positive and can encourage open dialogue within families regarding drinking. On the other hand, this can be potentially problematic as it depends on encouragement and guidance of parents regarding drinking in moderation and knowing what moderation is. For example, Sherriff et al., (2008) found that most parents were not sure of what is classed as moderate drinking behaviour amongst their sample of English parents in a qualitative study on parental communication on alcohol. Therefore, they lacked confidence in advising their adolescents on what moderate drinking styles or intake is.

Overall, the English studies show that alcohol is not necessarily always seen as an accompaniment to social situations or as an occasional practice. Griffin, et al., (2009) and Valentine et al., (2010) suggest that contemporary English youth view alcohol as an essential part of a night out and regarding drinking as a practice to get drunk. The limited qualitative studies from Italy suggest a different focus. They suggest that some of the same evaluations as young English drinkers are present in adolescents, such as, drinking to enjoy the felling of relaxation and getting high, however there is more of a family emphasis on alcohol drinking and a distinct educative platform in terms of family transmission of alcohol use.

Given the influences that national drinking norms can have on individual drinking behaviour, a qualitative exploration was deemed as an inductive preliminary study to explore Italian and English individual perceptions of their personal experience of social drinking. The objectives of this study will be highlighted in brief in the following research aims section.

3.1.1 Research Aims

As explained in the previous section it is suggested that studying cross-national differences in alcohol drinking comportment can help identify risk and protective factors. In addition, various studies have highlighted the importance of parental supervision and family exposure to alcohol for Italian and English individuals. Therefore, this qualitative study aims to explore the subjective experience of Italian and English young people on their drinking experience from initiation and knowledge of alcohol at an early age. It will aim to record their adolescence regarding drinking practices and experiences. Finally, exploration of their perception of parental use and behaviour in relation alcohol will be incorporated.

3.2 Methods

3.2.1 Summary of methods

A more in-depth review of the methodological elements is described in Chapter 2 (Section 2.5). However, in brief this section will highlight some important aspects of the study.

3.2.1.1 Data Collection

Data were collected through face to face and face-to-face VOIP semi-structured interviews between the years 2010-2011. The qualitative interview schedule consisted of open ended questions (see, Appendices I & II for the topic guide; p406) on alcohol drinking throughout their childhood, adolescence, and young adulthood. Further to this, participants were asked about their perceived parental consumption and their peer experience.

3.2.1.2 Participants profile

Smith, (2008), Willig, (2013) and Marshall, (1996), suggest that there is no definitive sample quota for qualitative studies. However, Marshall, (1995) argues that 15 participants can elicit sufficient data for themes to emerge before information redundancy or saturation is reached. Smith, et al., (2009) recommends 5-15 participants to gain sufficient representation and rich data. Therefore, in this study a total of 6 male and 6 female participants were recruited (12 per country; combined this equates to a total of n= 24 participants). A purposive sample of university, college students and working professionals were selected (judgement sample, Oppenheim, 1995 and Marshall, 1996). The individuals were scrutinised on their background regarding ethnicity. This was employed because it serves a very specific need as it attempted to gain a true picture of the nationality represented in the study. This act was not meant to be discriminatory for any reason other than to gain a true insight into culture. The participants were engaged through university contacts and a local teacher (Ligurian Secondary/college English teacher) in Italy and the England. This was achieved via word of mouth (respondent referral; non-probability sampling; Vehovar, et al., 2016) and social networking. All respondents were either continuing in further education, higher education, or postgraduate education. The age range of the participants was 18-28 years old. Although 15-25 is generally considered the peak in which higher drinking rates occur (Hemstrom, Leifman & Ramstedt, 2002 & ESAPD, 2007) for ethical reasons it was decided include respondents at the legal age to drink, only. Respondent's demographics (English and Italians) are shown in tables 6 & 7 on the next pages.

Table 6 (3.0): Participant demographics table London (England)

Participant	Sex	Age	Education	Occupation
AM	Female	25	College level	Estate Agent
SD	Female	27	Degree level	Airline
DP	Female	18	Student	None
LB	Female	18	Student	P/T undisclosed
LM	Female	26	College Level	Manager EA
GP	Female	24	Degree level	Administrator
RB	Male	26	Degree level	Tutor college
JS	Male	23	HND level	Student services
JRB	Male	28	Degree level	L2 college tutor
JB	Male	18	Student	Office Junior
RB	Male	26	Degree Level	Tutor college
MC	Male	18	Student	P/T undisclosed

Table 7 (3.0) Participant demographics table Milan (Italy)

Participant	Sex	Age	Education	Occupation
MS	Female	25	College Level	Aesthetic centre
MGMC	Female	28	Degree	Designer
PB	Female	28	Doctorate ongoing	Dentistry
RF	Female	20	Student	None
DF	Female	26	College level	Telecoms engineer
GP	Female	18	Student	None
RS	Male	21	Student	None
GCM	Male	18	Student	None
VF	Male	28	Degree	IT Sector
NA	Male	27	Degree	Engineer
AA	Male	24	Degree	Tourism
MG	Male	19	Degree	IMP Business

3.2.1.3 Ethical Issues

The research complies with the British Psychological Society's (BPS, 2009) code of conduct, principles, and guidelines. Informed consent was ensured throughout the study and an information pack (See appendix III & IV) was issued to all respondents explaining what the study involved. Additionally, participants were informed of their right to withdraw at any point before during and after the interviewing process. Consent was achieved via the respondent agreeing to take part on the recorded interview and therefore giving permission for their interview. See section 2.6.7 for an in-depth discussion of ethical issues regarding the qualitative interviews.

3.3 Data Analysis

3.3.1 Conducting Thematic Analysis

The data was analysed using Thematic Analysis (TA; Braun & Clarke, 2006) as outlined in Chapter 2. TA is a flexible methodology for identifying and analysing patterns in qualitative data (Braun & Clarke, 2006, 2013). As a pragmatic method, it can be applied to many theoretical frameworks from essentialist to constructionist (Taylor & Ussher, 2001). As explained in detail in chapter two there are six phases put-forward by Braun and Clarke (2006, 2013; outlined in detail in chapter 2, section 2.8) that can guide the researcher in analysing qualitative data. They are as follows; 1) Data familiarisation, 2) Coding, 3) Searching for themes, 4) Reviewing themes, 5) Defining and naming themes, 6) Writing up. In the analysis data were formatted and line-numbered. Familiarisation of the data was achieved by reading and re-reading the text and was in-line with the recommendations of

phase 1. Notes were made in the text by highlighting and coding important points, words, and emerging themes. This process was repeated across the transcripts until clear themes were present. Hence themes and subordinate themes were compared across individual accounts. A coding framework was developed which visualised the order and importance of themes and these were revisited (phase 5 of Braun & Clarke's,2006, 2013;6 phases of conducting a TA).

3.4 Limitation to generalisability

Generalisability is derived from the quantitative paradigm. It relates to research findings and their ability to be applicable to other populations as well as the one being analysed (Falk & Guenther, 2006). Qualitative research is concerned with the meaning, discovery, and richness of a phenomena (Lincoln & Guba, 1985; Creswell, 2007). Therefore, generalisations of findings to a larger population is not the goal for the findings presented in this chapter. From a philosophical stance, there are multiple realities that can change over time for an individual duplicated constantly, hence qualitative research is hesitant to make a broad application or generalise its findings (Creswell, 2013).

3.5 Results

Findings from the analysis identifies and explores themes around initiation of alcohol understanding, parental drinking, parental communication and supervision, peer influence and biographical recall of instances that are salient in participants' subjective experiences

surrounding alcohol. Themes and subordinate themes are represented on the next two

pages using tables (8 & 9) and are presented with narrative expansion.

3.5.1 Themes table: a summary of the Thematic Analysis of participants in South England (London)

Table 8 (3.0): Themes table of themes for English participants

Table of Themes from London and greater London participants'

Theme	Subtheme	Quotes
Understanding of alcohol and initial experience	*Primary knowledge*	"I started to get an understanding of alcohol; well I did not see it as alcohol just something that was different, not the normal every day thing. I remember associating it with my house in the evening when people might come over...obviously, my family's friends. I remember the smell of spirits most." LM 23-26
	Alcohol initiation/ primary tasting of alcohol	"My parents used to give me cava or champagne with orange juice all the time. Or like shandy. I remember that well because my dad would drink beer and I would say oh can I have a little, and so they would get me one with lemonade, but I think it was such a small bit of beer really... I think I was about 8." DP 28-34
	Belonging, Involvement and pretend play	"There was always that thing where you want to be like the older people, so I used to pretend I had a glass." AM, 121-122

Family Drinking	*Repast*	*"Well it could be a bit funny to start suggesting certain food and alcohol, my mates might make jokes or think I am being snobbish, so there is a general idea that wine is good red for heavier meals and white for lighter meals...is that right?" GP 90-93*
	Parental: Overt and Covert comportment	*"One time I saw my dad vomit was when he mixed alcohol. He was at his sister's birthday and it was free drinks behind the bar, so, he mixed a hell of a lot. I think he took too much advantage of it and started off on beers and went to spirits. His excuse was that he did not feel good in the first place, but I don't believe that." JB 113-116*
Risk Factors	*Supervision*	*"At 15... I remember once I was really drunk and my dad had to come and pick me up and you know I was not in any trouble about it. I think they were more worried because I was being sick. I think the next day I was not in trouble; yeah there was never a big taboo with alcohol in my family." JRB, male: 30-35*
	Acceptability	*"...think my dad just laughed because I was still vomiting and saying I was never going to drink again. He probably said well yeah you will say that quite a few times" RB, 35-38*
Peer Interaction	*Peer Influence*	*"Most of the time I do know my limits and I stop. But sometimes if I finish and my friends are drinking, and they offer me some and insist then I will go over my limit." DP 136-137*
	Pre-loading	*"I drink a bit before I go out. We tend to buy a bottle of vodka or…. (drink type inaudible) if we can find it. Before I have beer or two while I am getting ready and then we play a few Xbox games before we leave." MC; male: 18 300-302*

	Drinking to get drunk	"Well back in those days we used to go out to get pissed. That was it. That's what it was like, and now.... well I suppose I don't do it so much, but I suppose I still do binge drink" SD 175-176
Emotions and motives	*Disinhibitory Behaviour*	"When you are drunk, you do not care, but when you are sober you care about what people around you think" JB 79-80
	Risky Sexual behaviour and unsafe situations	"There was a time when it was a more regular thing; I mean sometimes I would take someone home that I had not even known apart from that night. You would not generally say too much though as you could be viewed badly but in general the girls were ok with it. I had a few of those types of encounters before I decided it was a bit dangerous" LM 72-75
	Violent acts and alcohol	"I have seen females be pretty nasty and for me that is even nastier because they don't fight; fight, they scratch, pull hair" JB 231-232
	Guilt & Shame	"You don't think about it at the time when you are drunk, do you? Why do we do these things? It's kind of shameful" GP 188-189

Table 9 (3.0): Themes table of themes for Italian participants

3.5.2 Themes table: a summary of the Thematic Analysis of participants in Italy (Milan, Turin, Genoa)

Themes	Sub-Themes	Quotes
Understanding of alcohol and initial experience	*Exploration*	*"liquors were kept in a cupboard in the living room and every now and again I used to have little exploratory trips, I have tasted them all...(laughing) I even got a bit drunk sometimes... well of course not really drunk, I was a bit tipsy, head spinning... The age when I was having my trips to the alcohol cupboard was 7 or 8 years old"* DF, female, 26; 38-41
	Initial taste	*"I was 8 and my father offered me a glass of wine"* GCM, Male, 18; Line 14
Familial Factors	*Overt Drinking Behaviour*	*"As a family, they used to always drink wine and other than that it was like I said a digestive such as fernet branca, averna, limoncello etc or aperitif"* MG, Male, 19; Line 94-96
	Repast	*"You know that we have this cult for wine in Italy, if you go to a restaurant the waiter will bring the suggested bottle of fine wine to match the food you are having.... Example to eat fish with a bottle of Evian water is not the best...it would be enhanced by a proper bottle of wine."* PB, Female, 28; Line 31- 36
	Perceptions of Family / Parental Use	*"No never, maybe they talk a bit louder but not drunk"* GCM, Male, 18; Line 92

Peer Interaction	*Peers*	*"Very few, the majority were drinking considerably less if not drinking at all. I can say that I was above* ==the average (meaning level of drinking), thinking== *of my generation."* MS, Female, 25; Line 151-153
	perceptions of youth drinking	*"I think men drink more, however women are increasing (their consumption), 4 years ago, they were less … now you can see them already at 12 or 13 with glass in hand drunk, they look stupid and confused…I mean they are so young and already reduced in that state"* GCM, Male, 18, Line 162-16
	Drinking to get drunk	*"Sometimes there is some intention of getting wasted but not so often. Especially we are in our summer residence it is a village and it is boring with not much to do so we go out and do silly stuff and drink with the intention to get drunk but not all the time."* MC, Male, 19; Line 266-268
Protective factors	*Parental advice and supervision*	*"it's pointless to be a drunk" my father told me "don't drink", the son takes the parents as a model, if they are fighting all the time the son won't be calm and peace loving"* GCM, Male, 18; Line 369-371
	Group prejudgement	*"…when you drink a lot, or you are not coordinated it would look strange to others, like you are an alcoholic or you have problems. Women as well if they are in this state it is not right. You think about these things, you think the girls have fathers that would be upset by this and you would be too If you were her partner or family. It is not accepted…"* AA, Male, 24 352-356
Emotions and motives	*Reduction of Inhibitions*	*"Well sometimes it can help if you are looking for girls and you don't have loads of confidence. It can be that you just want to forget about everything and think anything can go...well...to an acceptable level, but you can forgive yourself a little for being a bit silly..."* AA, Male, 24; Line 201-204

Fighting

"Fights tend to happen more over drugs, like cocaine. I mean I am not saying alcohol is not involved but it is not really a motive to go out and get drunk, then fight. Plus, if you were that drunk you probably would not be able to fight properly and then you would look stupid really" VF, 28, Male; Line 421-424

3.6 Themes: United Kingdom; London

Findings consist of five themes with sub-themes under each. These are understanding of alcohol and initial experience of alcohol, familial factors, peer interaction, risk factors (English specific), protective factors (Italian specific), emotions and motives. This next section will provide a narrative explanation of the themes.

3.6.1 Understanding of alcohol and initial experience

3.6.1.1 Primary knowledge

The home or family circle emerged as an important place for primary understanding of alcohol. During the interviews, all participants recalled memories of family members and adults' intoxication levels. Simple conversations by adults that involved speaking about alcohol or relating their experiences within the family group were recalled. DP notes this by seeing family members' and local youths intoxicated during his childhood led him to associate drinking alcohol with "confidence".

> *"I have quite young aunties and stuff. They were around my age now, so they were drinking and stuff when I was little. I think I gathered what alcohol was from them, like, I realised it made you more confident, I was about 8 I think"* DP, female, 18, 17-19.

JB recounted the first time he remembers seeing an adult drunk. He suggested that the experience was informative to his elementary understanding of what alcohol, was;

> *"…maybe seeing someone really pissed, like, and really off their face when I was young, that would have probably been the time... within a pub... we*

went out for a meal on a Sunday; I have seen someone to the point that they

could not walk straight, so with that I was noticing what it did at a younger

age." JB, male, 18, 135-139.

Social gatherings in the home were recalled amongst participants' first memories of alcohol.

Respondent LM noted that social gatherings at their home were important as a visual

memory, but additionally as an olfactory memory of spirits

"I started to get an understanding of alcohol; well I did not see it as alcohol just

something that was different, not the normal every day thing. I remember

associating it with my house in the evening when people might come over... I

remember the smell of spirits most." LM, female, 26, 23-26.

3.6.1.2 Alcohol initiation/ primary tasting of alcohol

All participants recall their first taste of alcohol which was generally given in small amounts

and consisted of wine diluted with water or a fruit juice of some form, and in some cases,

beer was diluted with lemonade. Parents were recalled as influential in initiating sipping and

tasting of alcohol. Ages of the participants varied with the eldest primary taste of alcohol

approved of by parents at 10 and the youngest 5. All respondents were aware that their

initial experiences were related to taste and not associated with altering their conscious

level. Hence there was no disclosure of feeling any toxic effect from alcohol. DP recalls:

"When I was a kid my dad let me sip some sherry and some red wine... I

cannot even remember... 6? 7? I think." AM, female 25, 109 & 115

Parental control and supervision was employed ensuring minimal amounts of alcohol were

consumed;

"My parents used to give me cava or champagne with orange juice all the time. Or like shandy. I remember that well because my dad would drink beer and I would say oh can I have a little, and so they would get me one with lemonade, but I think it was such a small amount of beer really... I think I was about 8." DP, female, 18, 28-34.

Some respondents did not enjoy the taste of certain alcoholic beverages and reported that to the present day they still felt a slight aversion to such drinks as red wine, whisky, brandy, Gin, Sherry, and Beer:

"Yeah, I think when I was quite young my dad gave me some beer to try and I did not like it, it tasted awful, erm, the same with wine as well, I was 4 or 5, around that age. Yeah, I think I probably asked what it was, and he gave me some to try it and I did not like it... pulled a funny face probably, that sort of thing." JRB, Male, 28, 22-25.

Conversely some noted that they viewed certain types of alcoholic drink as 'not alcohol' in childhood. This distinction was generally due to the experience of tasting spirits such as brandy or whiskey;

"Wine was not alcoholic to me; I think the brandies and things like that... Yes, I think they were alcohol to me and I remember that they did not taste very nice so why would I drink that. erm, definitely I did not like it." SD, female, 27, 74-76.

There was no recall of "alco-pops" regarding introductory sipping and tasting by respondents as children. Inquisitiveness towards alcohol promoted early sipping and tasting.

3.6.1.3 Belonging, Involvement, and pretend play

A sense of belonging may establish or maintains "relatedness" to other humans (Anant, 1966). This was noted to be present amongst respondents through imitation of drinking. For example, AM noted that *"There was always that thing where you want to be like the older people, so I used to pretend I had a glass." AM, female, 25, 121-122.*

This suggests that to identify with a group, moment or gathering, a signature association would relate to having a wine glass with water or with some form / trace of alcohol mixed with water. Most respondents recalled the aspiration of being involved within adult interaction as children. They noted that a feeling of belonging was generated via emulation of imaginary alcohol consumption.

> **"***I mean we had whiskey I think in the house, but I think I got that idea from TV, I am not sure exactly where, but you know when they have a shot in a film or whatever, sometimes playing around I would pretend to be in the film or act and I would use a tumbler and pretend they were shots of whiskey"* AM, female, 25, 28-31.*

This may connote that connecting one's self to people, surroundings/places or things assures that a person is in some way integral to the social situation, is a part of the group or moment in time (Hagerty, Williams & Oe, 2002). This is very clearly related to modelling behaviour regarding social learning (Bandura, 1977). SD recalls a story of when she was little which examples the aforementioned 'want, to be involved' with conviviality as a child;

> *"My mum had a story that she told me; my family were all staying in a hotel in Birmingham, ... I was really quite young then; and I wanted to be downstairs partying with them. My mum remembers saying; "you have got to go to bed now" and supposedly I said, "But I really need a gin and tonic". At the time, I really did not know what a gin and tonic was but that's what I had heard. ... They*

were discussing having gin <mark>and toni</mark>cs' downstairs in the hotel, or had said something related to it, so I must have picked it up. She found it very funny. So obviously, I wanted to go with the adults and drink gin and tonic" SD, female, 27, 27-3.

A most salient point regarding the combination of social learning, need for involvement and belonging is highlighted in the next example. It is clear from the discourse that adults' behaviour and alcohol choice can inform and instruct integration of alcohol drinking into a social repertoire.

"Sometimes I have Bacardi and coke, I like Bacardi and coke. I think because I have been out with my mum quite a few times for friends' birthdays and stuff, so she buys me Bacardi and coke… and when we go on holiday she gets me that, so I think my mum has kind of instilled this into me…" DP, female, 18, 166-169.

3.6.2 Family Drinking

3.6.2.1 Repast

Alcohol has a long history as a gastronomic product, whether it is through special occasions, or generally a ritually significant act (Heath, 1995; for example, consuming wine with meals daily). Literature on alcohol consumption with food suggests that traditionally Southern Europe, places emphasis on regular consumption of alcohol with meals (Heath, 1995; Eadie, MacAskill, Brooks, Heim, Forsyth & Punch, 2010). Furthermore, class differences in the UK can pre-empt likelihood of drinking with meals. For example, it has been evidenced that middle classes are more likely to drink through the week with meals and working classes

drinking on more concentrated days (the weekend) and less likely with meals (Eadie, MacAskill, Brooks, Heim, Forsyth & Punch, 2010).

Some respondents from the study showed a lack of awareness regarding alcohol and food, and hence a less favourable view towards mixing drinking with eating*; "I would get food, if I was not so drunk, and with a group of friends and we were going to the kebab shop, but that's the only time"* JRB, male, 28, 269-270. Respondents suggested that social situations are thought of in relation to alcohol only rather than with meals. For example, respondent JB noted that; *"in the week I may have the odd beer with my food but mainly the weekends without it"* JB, male, 18 18-19. The respondent suggests that alcohol can be consumed with food, but his emphasis was mainly placed on drinking on the weekend.

The "weekend" was suggested to consist of going out to drink at an establishment and not that food and drinking is mainly practised at the weekend. Additionally, the choice of alcoholic beverage was not very varied amongst responses. For example, a beer in JB's case is consumed with whatever type of food is offered rather than food being complimented by different types of alcoholic beverage.

Some older respondents above the age of 26 were more likely to drink with meals. Wine was at the centre of use with food, however it was not necessarily defined in terms of what type of wine or alcoholic beverage complimented food (this was noted differently in the Italian respondents (p172) as they were more specific about what wine goes with what type of meal); **"We have about ½ bottle of wine each with dinner"** SD, female, 27, 294. Knowledge of uses of alcohol with food seemed to be considered as supercilious amongst friends rather than a basic interest or understanding;

"Well it could be a bit funny to start suggesting certain food and alcohol, my mates might make jokes or think I am being snobbish, so there is a general idea that wine is good, red for heavier meals and white for lighter meals...is, that, right?" GP, female, 24, 90-93

Therefore, there was a marked difference in the way the English respondents thought about alcohol and food. There was suggestion of 'class' in that individuals may consider specific knowledge of certain types of alcoholic beverage accompaniment with food to be haughty. GP suggests that individuals would perceive this as being 'snobbish' or that others may pass judgement such as make 'jokes' about an individual if they make distinctions of alcoholic beverage and accompaniment.

3.6.2.2 Parental: Overt and Covert comportment

Parental drinking is suggested to guide, by being an intermediary force on adolescents in their drinking styles through example of appropriate use and level (Latendresse, Rose, Viken, Pulkkinen, Kapro & Dick, 2008). Social reference and imitation of parental alcohol use has been noted to be important regarding their children's alcohol socialisation and later use (Latendresse, et al., 2008). Parental comportment can serve as a schema for individuals, although it is not suggested that the only influence in alcohol comportment via social learning is solely attributed to parental examples. Most respondents in Italy noted that their parents were drinking openly, and suggested that much of their alcohol use was light or moderate, as signified but phrases such as "they were not big drinkers" (p 170);

"Well I would not say my mum and dad are big drinkers, but they do enjoy having a drink" RB, male, 26, 86-87.

"My parents, (pause) they did not really drink loads, err, I think that weekends were more a time where they might go out or have people around. They might get a bit sloshed then." LM, female, 26, 90-92

Some secondary reflection on parental drinking gave a different representation of some of the same respondents understanding of parental comportment. For example, it may be viewed that individuals that initially recalled their parents as "not big drinkers" and "did not really drink" provided alternative accounts. These were related to their parents getting overly drunk or attempting to hide their intoxication level using false statements such as 'food poisoning' or denial of being drunk when they were overly intoxicated and /or vomiting. DP recalls a specific incident with her mother one evening;

"One time we saw her vomit but only once. But she claimed... food poisoning which it clearly wasn't. It was quite funny. She went out for a meal with her friends in Kingston. Her friend walked her into the house and she was stumbling a bit. She went to bed and then asked for a bucket. My sister and I got the little bin and took it up. She was claiming that she had food poisoning, but we knew she had drunk too much; my sister and I were looking at each other saying, yeah right. I remember we were laughing saying, yeah sure" DP, female, 18, 53-58.

It seemed parents attempted to hide their intoxication in front of their children to detract from their behaviour whilst inebriated. This was recognised amongst some respondents as something funny or salient as a memory to them.

Overt parental comportment was notable as two separate accounts existed in the recall of the participants in which to get overly drunk or abuse alcohol to level of vomiting or loss of coordination coexisted in relation to their explanation of a parent not being a big drinker. A

clear point that related this was that when participant AM was questioned if her parents drank every day, AM's reply was that "*god, no they were not alchies*"; *AM, female, 18, 146*. Her response was not of someone affronted, but that the question of 'drinking everyday' was, in her mind, related to substance dependence, therefore drinking alcohol everyday was not in the explicit behaviour of what she viewed as having a drink in relation to her parents.

Respondents generally understood when their parents were not telling the truth about their intoxicated state. This is something not present in the Italian respondents recall at all (p170) which highlights a difference in parental comportment. JB recounts a memory of his father being drunk;

> "*One time I have seen my dad vomit was when he mixed alcohol. He was at his sister's birthday and it was free drinks behind the bar so, he mixed a hell of a lot. I think he took too much advantage of it and started off on beers and went to spirits. His excuse was that he did not feel good in the first place, but I don't believe that.*" JB, male, 18, 113-116.

3.6.3 Risk Factors

3.6.3.1 Supervision

Supervision has been suggested to have a protective effect on adolescent drinking in that it can aid to moderate peer influence regarding drinking amount. Furthermore, that it serves to aid the adolescent on an educative platform with parental influence guiding alcohol consumption (DeVore & Ginsburg, 2005; Latendresse, et al., 2008). Therefore, parental monitoring is important in relation to shaping drinking behaviour for adolescence. Most

respondents suggested that parental monitoring was not perceived as being consistent. For

example, many respondents recalled they were trusted to go out drinking with friends;

> *"But when you get to 16+ your parents trust you a lot more, so you go to more*
> *parties while they are away or whatever. Depends on who is away and whose*
> *house is free, or mates sneak in alcohol in your house sometimes."* JB, male, 18,
> 171-173.

Furthermore, some were trusted to drink at family gathering without monitoring or

supervision. RB recalls that he was in his younger years at a family party, under the

supervision of family and relatives when he managed to drink to a level of excess; *"Where I*

really mixed up a hell of a lot of different alcohol and just abused it to be honest was at a big

party. It was at a family party as well." RB, male, 26 58-59**.** This was a large family gathering

rather than a small amount of people, therefore there was less supervision due to the lack

of proximity and the possible dispersion of people within the congregation. Respondents

recall suggested that there was little attempt by parents to address intoxication;

> *"At 15... I remember once I was really drunk and my dad had to come and pick*
> *me up, and you know I was not in any trouble about it. I think they were more*
> *worried because I was being sick. I think the next day I was not in trouble; yeah*
> *there was never a big taboo with alcohol in my family."* JRB, male, 28, 30-35.

Although there is concern of respondents drinking from their parents, part of supervision

and monitoring centres on guiding behaviour outside of the drinking session or around it.

There was discourse regarding incidents of alcohol misuse by respondents in early

adolescence due to lack of parental supervision and monitoring, GP recalls an incident in her

adolescents at 16 years old;

"I was so sick, you know when you feel you could die, everything was spinning. It was just us (referring to a group) as her parents were away… god I never wanted to drink again, but I did of course (laughs)." GP, female, 24, 177-179.

This suggests that individuals' understanding of their behaviour was informed through the negative physical effect of over drinking, rather than parental supervision or likelihood of discipline from a parent. Overall, amongst the respondents there was some recall in relation to monitoring and supervision by parents. This differs from Italian respondents in that Italians seem to recall clear guidance from the parents on convivial and everyday drinking. Overall the lack of parental supervision regarding the English sample may not aid in enhancing understanding and education regarding alcohol use. Furthermore, this poses a possible risk of increasing drinking without clear visual and verbal moderation of drinking norms exhibited by parents (parental comportment).

3.6.3.2 Accountability

Drinking that was noted to "get out of hand" by respondents in their adolescence did not necessarily illicit accountability of the individual by their parents regarding possible harm/risk or underage intoxication. There seemed to be an acceptance that intoxication would be expected in the future from perceived parental advice. DP recalls parental advice as;

"my parents are quite open, there has never really had to be a formal chat. It just normally may come up in conversations, they will say like oh just be careful and stuff like that. My dad does not go into that but my mum more so. It is more along the lines of, be careful when you drink, don't drink too much and call me if you ever need help, that's it really." DP, female, 18, 70-74.

Similar attitudes could be noted regarding other respondents. Initially by suggesting that there will be a point where they may need to contact the parent due to over intoxication. This suggestion seemed to additionally serve to enable the conscious thought that at some point it will be acceptable to drink to an overly intoxicated level (initiated by parents). LB gives an example of this via knowing that to contact his parents if he was in an overly intoxicated state would have been acceptable;

> *"There was and is, I suppose, never this massive issue regarding alcohol; I mean my parents never said it, but they knew I was getting pissed and if I was in trouble...well, like, too drunk they just came and got me. They never really said much just the usual don't drink too much, but there was no issue after"* LB, male, 18 210-213

For some participants, the occurrence of drinking to a highly intoxicated level when in adolescence was condoned by parents. For example, one respondent noted that his father found the situation of over drinking to be typical and that it would reoccur many times in the future;

> *"...think my dad just laughed because I was still vomiting and saying I was never going to drink again. He probably said, 'well yeah you will say that quite a few times'"* RB, male, 26, 35-38.

This can be noted as a positive reinforcement towards heightened drinking with the effect of cognitive impairment and vomiting. This subtheme has been highlighted to outline the difference experienced by English versus Italian individuals, and that the social norm of this

style of drinking is more readily deemed as acceptable. Conversely Italians in this sample did not experience this type of acceptance regarding over-drinking or drinking to get drunk.

3.6.4 Peer Interaction

3.6.4.1 Peer Influence

Peer pressure has been argued to be associated with adolescent alcohol and drug use (Seaman & Ikegwuonu, 2010). Velleman (2009) suggests that the potency of peer influence, may amplify or attenuate alcohol use. From the respondents' point of view, the environment in which they are alongside with their peers may be influential. Social Learning Theory (Tajfel, 1982) highlights that groups tend to submerge uniqueness and look for commonality amongst members. Hogg and Reid, (2006) suggest that individuals have pluralistic ignorance when it comes to drinking comportment and that a perceptual paradox occurs in which individuals hold socio-cognitive beliefs that others are more comfortable with alcohol than they are. Hogg and Reid (2006) suggest that individual level group members may deny engagement in whatever is the drinking practice within the group. Additionally, they purport that group members assume that everyone else is engaging in the behaviour (whatever drinking behaviour it is) and therefore it becomes / is the group norm and individuals conform to it. This can be seen in GP's statement below in that group members encourage drinking levels and conform to peer influence. Furthermore, drinking socially involved such factors as confidence amongst a group and a degree of "letting go" in order adhere to the occasion. GP's discourse focuses on this dynamic within her social world of how peers influence each other

"Well it depends who I am with, some of my mates like a drink and some are more; well they are less about drinking heavily. I kind of pick and choose depending on work and if I feel like it. But you do change a bit around people. I find that sometimes I encourage my mates to drink too...it is not done in a bad way, not to get them off their face, just to get them alongside I suppose...so you both are…, or the group is in the mood, … I suppose it's like we are all together and being a bit drunk we can be silly and not care. If you don't drink, then it can be boring. I suppose we influence each other a bit, but if you really don't want to drink you know and you will go home or just say I don't fancy it" GP, Female, 24 59-66.

This information suggests that prejudgement is present amongst peers and that that drinking together will promote a good time, and, that not drinking may be thought of as something 'boring'. In this recall, it is the respondent that suggests that the night will boring if she does not partake in drinking alcohol. Encouragement to drink was present in all accounts in the English sample. This differs from the Italian sample in that there was a notion to offer or abstain from alcohol within the group. However, drinking was not necessarily met with the need to encourage drinking if the person did not want to in the first instance.

Some recall was centred on peers affecting responsibility of others. For example, JB noted that he had to be in work the next day, however he decided to go out for a drink but not to necessarily get very drunk, he recounts;

"At first, I was going out for a little drink and it ended up as a big drink because my mates were saying come on, don't be boring. I woke up with a bit of a hangover… thought why the f*** did I do it." JB, male, 18, 312-314.

This emphasises partly the point made before in relation to the prejudgement of being boring if you do not drink, or want to limit your drinking. RB suggests that there is not a 'forcing' aspect to their group interaction to drink. However, there certainly is focus of pressure to drink to belong. He suggests this in the next quote through identifying with work mates via his reflection on it being more difficult to resist pressure or not possibly uphold an identity.

"In general, we can be influential towards each other but never in a forcing way. I think work mates or going out with work is more difficult. You kind of see what people are doing and follow the moment. I have noticed if I say, oh I don't fancy a drink, then comments are made, not in a serious manner but they are more insistent or will take the piss out of anyone who is not joining in." RB; male, 26 213-217.

This need to identify is highlighted in the recall of an evening out when drinking to get drunk;

"Well most weeks we go out to get hammered if it is a late one. We chat and stuff, but we like to mess about and do end up provoking each other a bit (to drinking alcohol). I mean we would not do it in a way like "let's get him off his face" but it's just in a caring way, even though it's not really" JB; male,18, 302-304.

When suggesting this is a caring action it is noted that it is an inclusive action amongst males in this situation in which drinking is regarded as integral to the evening. Furthermore, there is a paradox in that he suggests it is not to 'get him off his face' yet the initial idea of the evening is to get drunk or 'hammered'. Caring could be related to not wanting one of the

members of the group to be singled out due to restricting their drinking. It is clear in the final remark of 'even though it's not really', that reflection on it seems to show there is intention to get the group member 'hammered'. Although it is considered 'caring' or inclusive of the group norms in this instance it is controversial because it is not caring regarding the individual. More so there is a deliberate action to enhance the notion of socialisation, this is seen in quotes from RB and JB on the previous page (p157) when they are suggesting that conformity is important in their social world with their peers and drinking practices. Therefore, caring to facilitate interaction and uphold group norms and identity.

3.6.4.2 Pre-loading

Pre-loading (PL) refers to drinking before attendance at a venue or drinking location. Within the sample all respondents were pre-loading before going out; *"We start off at home, we drink a little bit, go to a pub or a bar, drink some more, go to a club and then people offer to buy you drinks"* DP; female,18, 250-251. The practice of PL involved socialising with close peers whilst getting ready; *"Yes we will have a bottle or two before, while we are getting ready; this depends on how many are getting ready to go out"* AM; female, 25, 356-357 or sometimes (in one respondents recall) this was a solitary practice of preparing for a night out. Most dialogue noted that it was an important part of "getting in the mood" to go out;

> *"Well we get ready together and have drinks before we go out. It is cheaper this way, but it is such a girly thing. We talk about all kinds of things even thinking of the night to come. It's great, it puts me in the mood and we all travel together so it's nice."* LM; female, 26, 99-102.

This was a ritual for friends to congregate and set the atmosphere amongst each other and anticipate the evening as well as create excitement. Some respondents suggest that it is an economic practise to control the cost of their evening. SD reports that especially in gay venues, drinks can be rather expensive, so it is used as a way in which she and her gay male and female friends can get drunk and not have to spend a lot of money;

> *"Well my friends are unhelpful they drink quite a lot...... I have a lot of gay male*
> *friends and going out to gay venues is always going to cost loads more than*
> *regular ones, so we drink more before we go out just because it does not really*
> *matter how much you earn, to pay such extortionate prices such as in gay clubs is*
> *just a waste of money."* SD, female, 27, 301-306.

Within the younger respondents this was a primary motive as spending capability is deemed lower. However, it was suggested by all ages that the idea of pre-loading in addition to mood enhancement, was used to curb the economic impact for the individual.

3.6.4.3 Drinking to get drunk

Participants disclosed a reoccurring theme regarding the necessity and deliberate action of aiming to be intoxicated when going out to socially drink *"Well no less than 8 drinks, there is no limit at a party you just go to get really drunk"* JB; male, 18, 51. Some respondents noted that this was prevalent in their adolescence and at the beginning of their adult drinking (18 and above);

> *"Well, back in those days we used to go out to get pissed. That was it. That's*
> *what it was like, and now.... Well, I suppose I don't do it so much, but I suppose I*
> *still binge drink"* SD; female, 27, 175-176.

However, the whole sample of respondents noted that they at least aim to get drunk within their social drinking engagements. The way respondents reported their intention to drink offered insight in that they felt getting drunk to be normal, and a rite in order to constitute a good night out;

> *"Oh, all the time, it is about 100 per cent of the time. I plan to get drunk, I get really excited I go to the shop and get my deal on wine and then wait to get ready with my girls. I always plan to get drunk as well as my friends."* DP; female, 27, 245-247.

There was meaning attached to the reason for going out, with some questioning why a person would go out if they were not planning to get inebriated. RB suggests the opposite;

> *"You grow up you change a lot and your confidence grows a bit as you get older, I think anyway. At 14 I would not go out always to get drunk whereas now I go out to get drunk. I would say that's the difference"* RB; male, 26, 183-185.

He suggests that alcohol is a disinhibitor and enhances confidence in situations for youth. He further suggests that he did not want to get drunk when younger on all occasions (although he is noting drinking at 14 in comparison to his present age at interview of 26 years of age). LB Suggests that going out to get drunk is most important as it is, *'the point'* of going out. Although this is not the only variable in her evening of socialising, it is one of the most important factors to be present as she suggests;

> *"Well when I go out I plan to get drunk, why you would go out otherwise? Sometimes I have to make sure I am not too gone if I have my weekend work, but I can take it, I am still young."* LB; Female, 18 222-224

3.6.5 Emotions and motivations

3.6.5.1 Disinhibitory Behaviour

Most respondents suggested they use alcohol to aid inhibition in social situations. It served to facilitate interaction regarding communication regarding attraction of an individual such as "chatting up" (to start a conversation to attempt gain sexual or romantic relationship with another person). It was suggested that an individual was more desirable and acceptable when a little drunk as it was assumed to provide confidence;

> *"I don't really do it for that reason as I am quite confident, but I have friends that will not approach a girl when they are sober. However, when they have a good amount of drink in them they will. So, I suppose it increases their confidence…"*
> *JB; Male, 18, 75-77.*

Additionally, dancing as a form of enjoyment was noted to be more feasible when drunk as judgement was less considered or taken on board. JB Further noted that for him it is important to consume alcohol to aid confidence on this level;

> *"…Though if we are dancing I suppose I will use it for that to an extent because you don't care if you're drunk. I will dance without it and I am not a particularly good dancer but yeah I suppose it is good to be drunk when dancing, for lack of caring if you are making a fool of yourself" JB; Male, 18, 75-81.*

However, underlying this were other motivations. LB discussed her demonstration of emotion, suggesting it was excusable to be emotional because she was drunk;

> *"Well you Just don't care really, you can do stuff that is excusable because your drunk. It is normal, but you don't go around all the time like that. I have had*

occasions when I was crying and in a state and causing a scene I think.... I don't

really know why." LB; female, 18, 257-260.

Other forms of behaviour were recalled that were considered more anti-social. Disinhibition

pertaining to a lack of restraint concerning socially undesirable behaviour (Colder &

O'Connor, 2002) seemed to be present in the discourse of participants. DP remembers an

evening where she was heavily intoxicated;

"I can remember getting to the bus stop and L was sick and, oh my god no.... I

had a wee at this bus stop and the bus driver pulled up and opened the door. I sat

there and said do I look like I want to get on the bus right now. L was standing

there, and I said just go away go away, so bad, I was so, so drunk." DP; female,

18 105-108.

Some of the respondents suggested that it was possible to accept that any anti-social

behaviour may be permitted due to intoxicated state. They suggested that it was tolerated

in reflection of their own behaviour because it was not something that occurred often.

Some participants reflected on troublesome behaviour, *"When you are drunk you do not*

care, but when you are sober you care about what people around you think" JB; male 18, 79-

80, suggesting they felt pressure when sober to be mindful of individuals around them and

possible negative associations to them through prejudgement.

Aggressive acts were recalled, and some males and females chose to validate the

occurrence via saying that their behaviour was uncharacteristic such as being 'caught up in

the moment'. However, in some cases respondents took initiative to stay clear of being too

overly drunk as it had become a regular occurrence. Therefore, some participants had

considered it as personal problematic behaviour. JRB suggests that he limited his drinking as it seems to enable him to act aggressively;

"I don't drink alcohol as much these days, only one or two pints max…(Pause) three over the night, as it seems to bring out an angry streak inside me. I used to do it at one point just for the sake of it. It is not that I had a problem just it seemed to bring out this side of me." JRB, male, 28, 301-303

3.6.5.2 Risky Sexual behaviour and unsafe situations

Risky behaviour is noted within some of the participants' testimony. Most recall was guided towards situations that they had witnessed rather than their own experience. However, some were related to their own experience and recalled the feeling of 'regret'; *"Yeah for sure. It is something you regret in the morning really, that sort of thing."* JB; male, 18 258-259. It was interesting that a male respondent (JB) suggested regret, as in literature this is generally noted in female discourse. However, JB was referring to an evening where he had unplanned sex with a female that he suggested he was not particularly interested in. Discourse was recalled regarding unplanned sexual encounters, (Unplanned as in a one-night stand consisting of varying levels of consensual sexual acts). Some respondents suggested that they were regretful of their decision regarding risk of STI's. JB suggests that his own thoughts and knowledge of possible STIs aided in his decision making even when he was drunk. However, JB is suggesting that risky sex has occurred in the past and that there were past instances where he did not think of possible risks;

"In the past I have had instances where I could have ended up doing something sexual with someone... But I look at times where I think what if that person was

to have an STI?...I would not have known. You being drunk well that's the last thing you think about. It has not personally happened to me, but it could have done..." JB 261-265.

When recall was related to their subjective experience, in some cases (females only) showed concern towards possible danger of a miscellaneous individual being taken back to their home. Furthermore, awareness was noted when thinking of staying overnight with a stranger. LM highlights concern of her behaviour sometimes when having been drunk and had a one-night stand;

"There was a time when it was a more regular thing; I mean sometimes I would take someone home that I had not even known... apart from that night. You would not generally say too much though, as you could be viewed badly but in general the girls were ok with it. I had a few of those types of encounters before I decided it was a bit dangerous" LM. Female, 26, 72-75.

 Some respondents recalled that risky sex was publicly displayed and that the use alcohol gave inhibition enough to perform the act;

"I have seen some quite embarrassing stuff. I have seen literally two people getting it on (having sex) around a group of people. They were trying not to look obvious but, yeah, they are like around the corner or the end of the garden or ...well wherever, thinking they cannot be seen but they really can" JB; male, 18, 253-256.

Respondents stated that they generally were in control of a given situation and felt that it was not necessarily risky DP suggests;

"That has never really happened. It could have but I am good at getting myself out of anything like that, I just say no and I am aware of being drunk and doing stupid things. I have done some things that I thought I should not have done, like kissed a guy who I did not really like, but because I was drunk. But never anything more." DP, female, 18, 312-314.

Finally, some respondents suggested that control in sexual encounters is always possible, JRB states that alcohol is generally used as an 'excuse' towards the act *"I think you cannot use alcohol to blame entirely, I think you have to want to do that, but alcohol is used to kind of do that thing."* JRB; male, 28, 253-256. He clearly regards alcohol use as a way in which you disinhibit yourself to be sexually involved with another person.

3.6.5.3 Violent acts and alcohol

Violence has been suggested as an expectation alongside alcohol (Swahn & Donovan, 2006). It has been argued that there are social expectations surrounding young males and their likelihood to fight related to "bravado", and to show "bravery" (Marshall, 1983) when under the influence of alcohol. However, alcohol doesn't always lead to violence in males, and furthermore there are group dynamics surrounding this concept. Respondents offer insight into their encounters with violence either as witnesses or participators. Dialogue refers to situational factors and gender specific factors (bravado regarding males and views on gender differences). MC recalls that he was involved in a fight where a girl was aggressive towards him,

"These two girls were friends with someone who I was not good with (meaning unfriendly). One of them set on me in this club with some stupid excuse. She was

really rough but I did not know what to do, she was a girl and I don't do that. I pushed her off and I got in trouble and thrown out" MC, Male, 18, 213-217.

MC suggests that his view of not striking women was employed to stop him from retaliation. However, he does not suggest if it were another male if he would have acted in the same manner. Furthermore, general recall was centred towards males, JB notes that it is considered a masculine trait;

> *"violence wise males because a lot of males will use violence as their first option I think. Whereas females don't really go out looking for a fight when they are drunk or when they have had a drink. I mean I suppose there must be some females like that, and some males that are like that and others that are not."* JB, male, 18, 233-23. JB cites clear gender differences in perceived or possible violent acts.

3.6.5.4 Shame & Guilt

Shame and guilt are distinct emotions which serve different situations and motivate an individual differently. Therefore, as defined by Helen Block (Lewis, 1971) shame connotes a global negative feeling. It is related to an explicit event in relation to the self which can be through a misdeed or shortcoming. Guilt is identified as a negative feeling about the event rather than the self. Therefore, it important to be mindful towards these differences when regarding social drinking as they may serve to help in regulation of one's own behaviour. However, it is not always an apparent motivator for individuals. For example, shame was highlighted in the discourse of British participants in relation to their behaviour in some incidents when having drunk alcohol. GP notes that she felt guilty towards her friends for

being difficult and unruly when drunk and ashamed about her actions. She recalled that she generally gets into arguments and is not always sure why. She said

> "some of my friends are saying to me this has to stop. When I am not drinking, I am fine. *You don't think about it at the time when you are drunk, do you? Why do we do these things? It's kind of shameful but I am sorry towards my friends as they have to pick up the pieces for what I did"* GP 188-190.

GP suggests that her behaviour is shameful to herself. She shows guilt towards her comportment in relation to her friends as she suggests she is sorry for them having to deal with what act she did.

Guilt was highlighted in male respondents' discourse as they recalled incidents that were not so desirable in self-reflection. JRB recalled a fight ==that he had==;

> "…*I don't really remember lots of it, but I remember thinking about, you know, those weird inflatable clowns that you push over, and they come back up. He hit me, I went down, and I thought I came straight back up. But what my friends said was that as I literally went down, I hit my head and that I tried to get myself up for about a minute... the next day I kind of felt bad it was not really necessary what happened."* JRB; male, 28 329-346.

When JRB is suggesting he felt bad this was toward the group of friends he was with, he suggested that it was an unnecessary action. He refers to the fact that he started a fight because of his own negative state which was enhanced by alcohol;

> *"I got into one (fight), I was really drunk and upset about something that day. I got really drunk and I was coming out of the local student union and I went out the two bouncers who are students there, they were rugby players.... but I remember saying "what are you saying"* JRB; male, 28 329-346.

3.7 Themes: Italy; northwest Italy

Findings comprise of five themes with sub-themes under each. Themes include, understanding alcohol and initial experience, familial factors, peer interaction, protective factors, emotions, and motives. The themes for the Italian cohort are discussed in detail in this section.

3.7.1 Understanding of alcohol and initial experience

3.7.1.1 Exploration

Exploration was important to Italian respondents. Many recalled that they had specific instances, at an early age, in which they remembered exploration of alcohol. Virtually all participant recall that they were curious to taste and try spirits. They noted that alcohol was easily accessible within mealtimes and within the habitat of the participants. Additionally, there was recall of having seen these types of spirits at the dinner table, and this initiated their interest to want to try what adults were drinking. AA recalls that there were liquors used in his household that held more interest to him than the regular viewing of wine

"Wine was less interesting as it was always there... well, I think that shorts (spirits) were more compelling as they were different and not present all the time. They were more concentrated and just more exciting even though I had no idea really what it was" AA, Male 24; Line 67-71.

DF recalls that liquors were kept in in the house in a specific place; *"liquors were kept in a cupboard in the living room and every now and again I used to have little exploratory trips, I*

have tasted them all... (laughing) I even got a bit drunk sometimes... well of course not really drunk, I was a bit tipsy, head spinning... The age when I was having my trips to the alcohol cupboard was 7 or 8 years old" DF, female, 26; 38-41. DF and many others within the Italian sample recall tasting specifically spirits as they seemed more interesting to them. This was carried out without parents' consent. However, it was not recalled as an aim to do anything other than to taste what these 'concentrated' and 'exciting' bottled liquids that adults drank were;

> *"It was my way, I think, to understand what each tasted like and see what they were drinking sometimes after dinner. I remember going to try numerous times, little tastes. I loved advocat because probably it was more like a sweet"* MGMC, Female, 28; 45-49.

When prompted why they would try spirits (by sipping them) instead of wine they suggested that it was due to the difference of the drink. MS reported it as "Magical", explaining that at that age she thought it contained unknown properties and therefore creating excitement and motivation towards trying it. Another respondent suggests that due to wine being a regular drink at mealtimes, spirits were more of an attraction because of differences in quantity, colour and in habitual consumption.

3.7.1.2 Initial taste

Respondents generally were given their first taste of alcohol by a family member and usually within a family occasion whether it was a dinner or celebration (gathering). The difference of first taste of alcohol is more related to the fact respondents were presented or given some form of alcohol (wine in all cases) by a member of the family. Similar ages to the

English cohort can be seen with initial tasting starting around the age of 5 and above *"I was 8 and my father offered me a glass of wine" GCM, Male,* 18; Line 14. Although some male and female respondents reported not trying alcohol until they were in their early teenage years; RS recalls he tried alcohol for the first time when he was in his teenage years.

> *"I believe that I have tried some wine or beer and champagne (for the first time) as a teenager but I can recollect the episodes. It was more for conviviality rather than curiosity, if there was a toast then I was toasting with them"* RS, Male, 21; 22-25.

> *"I was about 10 or 11 years old, I don't remember before"* PB, Female, 28; 8.

All Italian respondents were presented with alcohol within a meal setting. This was generally from respondents recall of asking to try the beverage. DF states that her grandmother would mix wine and water for her but is not suggesting that every meal time was a habitual moment to drink at this age;

> *"One of my first memories about that is that my grandmother used to put some wine in the water for me to drink... I was about 5 or 6 years old."* DF, Female 26; Line 13-14

3.7.2 Family Use of Alcohol

3.7.2.1 Overt Drinking Behaviour

Parental drinking within the Italian cohort was related to accompaniment with meals. Much of the respondents' dialogue varied between different family members drinking from grandmothers and grandfathers through to parents;

"Mostly My grandmother and my father. maybe my father...he used to pour some sambuca in the coffee, or some grappa however that was limited to the cup of coffee, I mean he wasn't drinking these spirits outside this context. Every day they would drink wine we had these massive jugs of it stored in the house and bought from local producers. They loved drinking and took pleasure out of it." DF Female, 26; Line 23- 28.

Within the discourse, DF suggests that these drinks were consumed daily (In the north of Italy it is acceptable to have spirits in coffee in the morning during the winter months). However, she recounts clearly that they loved to drink and took pleasure in drinking which is something that is different from the how the English cohort reported on their parental use (p149). PB suggested that a large amount of alcohol is consumed by her family but without the recognition of any member ever being drunk;

"My parents' generation have a different habit of drinking wine for conviviality, it is something to drink at meals with a group and they can drink two or three bottles at the table (per table), and they withstand large quantities of alcohol quite well. They are used to drinking a significant amount regularly (without getting drunk), I notice that when my parents are drinking 2 or 3 glasses of wine it's like drinking water for them" PB, Female, 28; Line 100-104.

There is an emphasis on alcohol intake being moderate, but it is unlikely that both members of the family verbally suggested to her they love drinking. It is clear from the quote that she understood this from their behaviour rather than parental discourse. A general explanation regarding respondents recall of their parental drinking was related to a cordial form of drinking. For example, with their family and for conviviality on an everyday basis; *"Well my father is in the habit of drinking two glasses of wine during meals"* GCM, Male, 18; Line 57.

Respondents expressed that their family's drinking behaviour was high in frequency in some cases, especially related to their fathers. However, no testimony was recorded that related to being drunk or drinking in high quantity over condensed days such as only weekend drinking;

> *"My mother does not drink, does not drink at all now. I mean she used to have*
> *wine with her meals. My father has one or two glasses per meal... every day and*
> *lunch and dinner, so 2-4 glasses a day. My grandmother drank about the same*
> *amount.* MGMC Female, 28, Line 307-309.

Furthermore, covert behaviour (Covert meaning; hiding drinking or excusing intoxicated behaviour) was not noted amongst respondents when recalling their parental drinking comportment.

3.7.2.2 Repast

 A higher amount of discourse amongst Italian participant was dedicated to discussing food and alcohol. A clear difference between the English and Italian cohort was that young Italians distinguish differences between wines and grades of wine with food, as well as types of wine chosen;

> *"Wine and beer are usually drunk with meals, and it's a lot about taste, flavours*
> *and the pleasure of drinking. You know that there is a strong culture of quality*
> *wine especially associated with food and the wine matching certain flavours." RS,*
> *Male, 24; Line 142-144.*

Beer is drunk in general by Italians, but it is indicated to accompany certain types of meal, and if either wine or beer is drunk out of meal times usually a snack (s) is provided for free from the bar;

> *"In the evening, I may go to my local bar and have a beer at the end of the day before going to eat at home… [Interviewer prompt: do you have anything with your beer?] In general, there are some lupini, crisps, focaccia and nuts."* NA; Male, 97-101.

Spirits were additionally noted to have their place alongside food. Generally, they were identified as an after-meal accompaniment, such as 'digestives' (Limoncello, Grappa, Averna, Fernet Branca). It seemed that alcohol is therefore regarded as a conscious educated process in which respondents had learnt from intergenerational transmission what different forms of alcohol were used for. There was some questioning on the notion of the younger generation upholding this tradition from the elder respondents (respectively aged 26-28).

> *"I think all Italians know what to eat with certain alcohol, it is indoctrinated into the culture, or at least it was. I don't know so much about the younger generations. So, fish and poultry is white, red is pasta or stronger tastes with meat and pancetta, rose is always desert or sweet wine with dessert. There is dessert wine, like vin santo and marsala. I think even at the basic level in Italy there is a good understanding on what wine is used for what"* VF, Male, 28; Line 207-215.

Younger respondents (ages 18-19) seemed to recall a similar etiquette as the elder respondents of the sample regarding what type of alcohol should be drunk alongside food. Alcohol is seen heavily as a gastronomic product hence it is viewed as food. Furthermore,

the level of detail towards categories and rituals in relation to use of alcohol with food is important. Although in England alcohol can be related to food, alcohol is still seen via testimony, as a drug to alter an individual's state rather than a beverage that is related to enhancement of food primarily. This is not to suggest that the Italians in this sample envisaged alcohol only as a food product but certainly there was more discourse towards drinking etiquette and education, over other aspects of alcohols function in an individual's world.

3.7.2.3 Perceptions of Family / Parental Use

Level of Parental intoxication was recalled generally as "tipsy" or "merry", GCM recalls that he has never seen his parents drunk but highlights the behaviour of being merry as getting louder; *"No never, maybe they talk a bit louder but not drunk"* GCM, Male, 18; Line 92. All the cohort recalled never seeing their parents drunk in terms of cognitive impairment such as slurring of speech or other physical impairments. Vomiting was not described at any point within the cohort and most drinking was again based on meals and incorporation into the family setting regarding parental use;

> *"No, I have never seen my parents drunk, never. Maybe a bit tipsy during some*
> *celebration, in those occasions where one drinks wine with meals and then*
> *afterwards there is spumante (for toasts) or digestives like grappa, limoncello…*
> *that is consumed a lot in this area, but not to the point of drunkenness."* PB,
> Female, 28; Line 74-77.

This sub-theme was important for the fact that all participants reported never seeing their parents drunk, this is an important cultural insight. It is not suggested that individuals do not

get drunk in Italy. However, from this sample it is fair to propose that parental drinking is moderate within the recall of respondents, and that this highlights a perceptive difference to the English cohort. They did not recall that their parents drank a lot overall in front of them (Parental overt covert drinking, sub-theme). However, there was at least a point where they had seen a parent intoxicated. This would relate to vomiting, impaired coordination, or slurred speech. It is not the interest of this sub-theme to highlight what may be considered negative or positive in comparison but to note that there is a difference between the two countries in terms of observed parental drunkenness.

3.7.3 Protective Factors

3.7.3.1 Parental advice and supervision

Parental advice and supervision is suggested to be a strong factor in protecting and informing behaviour regarding drinking style and alcohol use (Sherriff, Cox, Coleman & Roker, 2008). Much of the Italian cohort reported some form of parental advice given towards drinking alcohol and some did not. However, parental supervision/monitoring was salient within the cohort's recall. GCM recalled that his father spoke to him once about being drunk; *"it's pointless to be a drunk" my father told me "don't drink", the son takes the parents as a model, if they are fighting all the time the son won't be calm and peace loving"* GCM, Male, 18; Line 369-371. This advice is not the most informative and elaborated in style. It is suggested by GCM that it is not the message that the father has said that is necessarily important. He reported at a sematic level the father had suggested 'not to drink'. However, a key point to his response is that he looks to the father as a person to emulate. It was suggested earlier that the father of GCM drinks moderately (in; Overt drinking behaviour p171).

GCM reports that his father does drink alcohol everyday with food, hence the message is more related to drinking to excess rather than abstinence. Other respondents report that they were taught how to drink via the interaction within their family; *"They never said don't drink at all, but growing up I don't remember anyone saying anything about drinking and not drinking and it was always on the table, always used"* MG, Male, 19; Line 70-72. MG's recall notes that there was no official stance on drinking and that it seemed to him that the everyday practice of drinking, and availability of alcohol at the table (related to food) contributed to his learning of how alcohol is used.

The act of supervision offers a bench mark for some young individuals to understand and partake in drinking alcohol. Moreover, it is to be informed via watching the social interaction of alcohol and practice by significant older individuals. VF gives an example of how he grew up around alcohol and how his parents informed him. This is not to suggest that parental influence is the only factor relative to drinking instruction and learning. He recounts;

"My parents never felt to give advice, they were never seeing me drunk and we never gave cause for concern. Something that I learnt was how to drink. I remember growing up, that they would tell me you can have more, or, stop that's enough. So, I learnt to drink in my family and I suppose that was all I needed as far as they were concerned. It was a social thing to chat and have long dinners and good conversations with alcohol." VF, Male, 28; Line 267.

3.7.3.2 Group Prejudgement

Interaction with other groups such as older adults was noted as something that can temper

alcohol use. Some respondents noted that peer and family interaction outside of the home

can be a limiting factor towards excessive drinking, AA explains that;

*"…when you drink a lot, or you are not coordinated it would look strange to
others, like you are an alcoholic or you have problems. Women as well if they are
in this state it is not right. You think about these things, you think the girls have
fathers that would be upset by this and you would be too if you were her partner
or family. It is not accepted…"* AA, Male, 24 352-356.

This statement represents different concepts in societal norms in Italy. Societal judgement is

involved in that an individual would look strange in terms of being intoxicated to a higher

level. AA suggests that an individual would be judged as having something wrong with them;

or that they would be thought of as a dependant drinker. This is a misconception and a

moral judgement that he is making which leads to possibly his own control of his behaviour.

Furthermore, there are familial considerations and gender specific normative judgements.

For example, he suggests that females should not be seen to be heavily intoxicated and

suggests that "*if they are in this state it is not right*". Therefore, from this response,

traditional mind-sets towards women are noted in terms of expected behaviour (not

drinking too much). Finally, he deliberates that being heavily drunk would not suit him in

relation to what he expects from a partner. This again relates back to gender normative

behaviour and traditional roles in society of what is expected regarding drinking

comportment from women. DF suggests that prejudgement would be an influencing factor

as she notes; *"it would not be a good to be talked about for that…"*DF, Female, 26, 288, by the word 'that' she means being overly intoxicated.

However, some participants of the cohort were less worried or interested in prejudgement of strangers' RF states "I don't really think it is the concern of others if I am a little drunk, I am not going to get very drunk, but it's not their concern" RF; female, 20, 154-156. This cluster is of importance, as it is ==suggested== that there is societal pressure which contributes to self-monitoring (in the statements of AA and DF; ==p178 & 179==). Although this this is not a shared concern by all respondents it suggests that if societal pressure is with an expectation regarding negative attribution of a person heavily drinking, conformity is of importance. Although this may differ depending on the setting such as drinking establishment or habitation (Rural, city and town).

3.7.4 Peer Interaction

3.7.4.1 Peers

Peer influence was regarded in a different manner by the respondents in comparison to the English participants ==(p157)==. There was much testimony related to those drinking to a higher level as being socially outcast within a group and from other individuals. Respondents noted that "showing off" or being drunk would bring negative judgement regarding disinhibited behaviour *"In my time they would have been outcast. A teenager drinking, it was not seen as someone cool, we would have said "He/She drinks" as to say "He/She is not right"* DF, Female, 26; Line 136-137; however, DF notes that this was prevalent in her generation. Later in the sub-theme there are different views that she perceives in relation to the

younger generation. Hence from her point of view she remarks that Italy is changing

towards drinking alcohol and from traditional beliefs/values. However, overall within the

Italian sample there is a perception that instead of encouragement amongst their peers

there would be disregard for the individual if they were to drink heavily;

*"Well they are considered stupid, I mean it was funny and we were not
ostracising anyone, but it was not encouraging anyone else to do it. Actually, I
remember at 17 we had a big party and some of the friends drunk a little too
much and many dodgy things happened that night and we knew it was due to
alcohol and some were too easy with it. This situation overall was considered a
sign of decadence rather than normality"* MG, Male, 19; Line 138-142.

Conversely if an individual was to get drunk to an intolerable level it may be perceived as a

mistake initially. An intolerable level for the respondents was a state of drinking to an extent

of vomiting of visual cognitive impairment. However, according the participants if this state

of intoxication was a regular occurrence then peers would have a negative attitude towards

the individual. Judgement statements of "strange, no good or boring" were used to signify

an antisocial action. This is interesting as the English sample in this study would use the

word 'boring' for an individual who did not drink alcohol or did not partake in drinking to get

drunk. Some of the respondents suggested that may be social shift in Italy. DF notes that the

younger generation seem to be changing their view towards peers drinking alcohol. She

suggests that there is a less reserved attitude towards drinking in a group;

*"Well yeah, if you are young nowadays you will be seen as "strange" if you don't
drink...the attitude is reversed. Friends might be saying "Why are you not
drinking? What's wrong with you?"* DF 243-244.

GCM suggests that there is peer influence depending on the setting;

"Usually, when they are there, they say "tomorrow I would get drunk, I'd smash everything etc..." but it's just its said for a laugh, but then when you are there maybe they exaggerate and (in alcohol intake) …you know to be seen… plus in a club you have the excuse that everybody does it and you don't want to be singled out (from not drinking alcohol)" GCM 122-125.

GCM suggests that in a club drunken comportment is accepted to a degree, although he further notes that the behaviour is exaggerated deliberately.

Overall there are varied beliefs towards peer influence and judge. From the recall of DF and other older Italians the idea of getting drunk via peer influence is considered not acceptable. However, some of the younger respondents suggest that there is peer pressure to drink, depending on the setting

3.7.4.2 Perceptions of youth drinking

Perceptions of youth drinking was salient in the discourse amongst respondents. They suggested that drinking was becoming more of a behaviour associated with getting drunk. This differs from the traditional view of drinking alcohol as a complementary drug with social interaction and food. PB suggests that there is a difference;

"Nowadays teenagers of 14 years old are already drinking, I don't refer only to alcoholic drinks (meant in meal times) but also to spirits...For example I see my cousin that is 20 years old, and at the Christmas meal drunk an amount of 10 glasses (exaggerated) of wine, I mean I had one and I was already gone" PB, Female, 28; Line 12-14. PB refers to amount and to the difference in choice of drink such as stronger drinks as a primary choice.

Respondents additionally reported that the current generation of 13-15-year-olds are drinking with clear intent to get drunk;

"My sister had exactly the same kind of education and saw exactly the same kind of alcohol consumption in the house, and her behaviour is different. It is not just her behaviour, but it is all her generation, they are different. I say this because they drink to get drunk. So, therefore it is not the enhancement of fun anymore, it is to drink to get wasted. The intention is that it is deliberate, and I find it difficult to understand, it is really rapid, and I would say a sad change that I am seeing in my country." MGMC, Female, 28; Line 291-296.

3.7.4.3 Drinking to get drunk

Most respondents suggested that they were not interested in drinking to get drunk. Their testimony suggests that although there is the possibility to become inebriated it is not an action that is deliberately taken;

"Well I would not say we go out to get drunk, I would say that going to the club... it was the place that it was more normal to be in an altered state...Whereas if you were somewhere else, a bar, house etc, then it would not be considered well (acceptable) by others if you were to that state. It would be more antisocial to be drunk as it would not be easy to talk or be in company" GP, Female, 24; Line 220-223.

This differs greatly from the English cohort as most respondents deemed drinking to get drunk an essential part of enjoyment when out with friends. Italian respondents considered the action to be against good quality social interaction. They suggest that being drunk impairs speech and thought (cognitive impairment) and therefore alters conversation between group members. GP in her earlier statement suggests the latter, however she does

mention that night clubs are viewed as a place to get drunk or into an 'altered state'. This could mean alcohol drinking but additionally could relate to another drug use as well.

Some of the younger respondents suggested that they get drunk, although this is not the norm within their social world. They choose every so often to get drunk to release tension, stress, and boredom. MC notes that boredom can play a part in choosing to get drunk;

> *"Sometimes there is some intention of getting wasted but not so often. Especially when we are in our summer residence, it is a village and it is boring with not much to do so we go out and do silly stuff and drink with the intention to get drunk but not all the time."* MG, Male, 19; Line 266-268.

Some respondents reported that they simply do not get drunk as they stop at a certain point. PB suggests that intention to get drunk is not important to her;

> *"I have never been drunk; I don't drink to get to that level I don't know what it means to feel nauseated or to vomit for excessive drinking, when I feel that alcohol is going to my head I stop. For example, during my degree party many were very drunk, because there were many different drinks and they probably mixed them…"* PB, Female, 28; Line 145-149.

However, she notes that's her peers around her were drunk. RS asserts that he does not think that drinking to get drunk is a social act but that it is an act of managing psychological mood and personal problems;

> *"I don't fully share the idea of "getting drunk/getting smashed" to socialise, I think the purpose is more about easing worries, or relief of personal problems and anxieties."* RS, Male 147-148.

Drinking to get drunk amongst Italian respondents is not as pronounced as the English. The suggestion by GP is that it is not always an intention, but it happens from time to time. However, MG as one of the younger members of the Italian respondents gives insight into wanting to drink to get drunk due to what he suggests is boredom in the village where he goes on holiday.

3.7.5 Emotions and motives

3.7.5.1 Reduction of Inhibitions

Some respondents noted that alcohol is used to reduce their inhibitions. It was suggested that to override 'their more composed figure', drinking can help to aid a loss of control. In addition, it was regarded as disinhibiting individuals by enhancing relaxation or encouraging slightly risky behaviour. Respondents discussed confidence, especially when trying to attract or talk to an individual. Much of the dialogue dedicated to exploring disinhibition was judged to excuse or rationalise the individuals "silly behaviour". DF suggests negative pre-judgement towards those that drink; *"Well they are nearly proud of it... maybe I am not fair in saying that, but the drunken state is often used as an excuse to do something stupid or to justify a silly behaviour"* DF, female, 332-333. She suggests that individuals drink to be able to be 'silly'. This is noted to be general 'pranks' on each other, heightened and excitable behaviour from her dialogue. AA recounts that he drinks to disinhibit himself when wanting to approach females;

> *"Well sometimes it can help if you are looking for girls and you don't have loads*
> *of confidence… It can be that you just want to forget about everything and think*

anything can go...well...to an acceptable level, but you can forgive yourself a little

for being a bit silly..." AA, Male, 24; Line 201-204.

AA suggests that drinking alcohol enables him to relax and not have to self-monitor.

Escapism was suggested by a few respondents in that they drink to escape reality

sometimes; *"I have been out and drunk with the intention to get drunk. I am not the average*

Italian drinker, but my friends and I do choose to get drunk sometimes as it is way of

escaping a bit. We don't do it religiously and don't like feeling ill, but when I was younger we

would drink rivers of beer and later spirits to get drunk." MS, Female, 25; Line 333-337.

MS is clear that the behaviour is favoured by her and her peers but aware of it not being the

most constructive action. It is possible to interpret this from her assertion that 'it is not a

regular practice'. Additionally, she suggests that when she has drunk heavily and felt sick

from it **'...***I don't like feeling ill***...'** that this is a limiting factor. MG additionally sometimes

drinks to escape and have fun. He additionally is quite mindful towards what level, and the

frequency he may choose to drink to get drunk;

"...*Not all the time. We like to not be in control, but, not that we are destroyed*
with alcohol. It is that we drink to have fun and maybe decide not to care but we
are not hurting anyone or doing anything too dangerous. We just like to not be
ourselves and relax, sometimes smoke some joints (cannabis) as well. I don't
drink alcohol all the time." MG, male, 19 130-136.

3.7.5.2 Fighting

Fighting whilst under intoxication was noted especially amongst males via the excuse of being less in control due to alcohol. Much of the testimony focused on illicit drugs rather than alcohol being the main instigator of violence. Respondents did not suggest that they were in violent situations due to drugs themselves but implied using drugs other than alcohol. VF suggests that fighting tends to be centred on drugs;

> *"Fights tend to happen more over drugs, like cocaine...I am not saying alcohol is not involved but it is not really a motive to go out and get drunk, then fight. Plus, if you were that drunk you probably would not be able to fight properly and then you would look stupid really"* VF, 28, Male; Line 421-424.

VF suggests that it is less likely to be able fight when drunk. Although alcohol is a disinhibitor due to its depressant qualities, he does suggest that cocaine seems to be a salient drug in his experience of substance fuelled violence. GCM has additionally witnessed violence within club settings to do with drugs;

> *"One can't control himself anymore, and then maybe fight with somebody, I mean one ends up doing things that you would never do when sober. So, in a Club any sort of thing happened, arguments, drugs, and fights and so on"* GCM 140-142.

It is not clear in the testimony if GCM is referring to himself, however when approached on the question he suggested he meant in general.

Gender differences were more apparent in the Italian cohort. It was suggested by many respondents that women would not fight under intoxication. However, one account noted

that seeing women drunk and fighting was felt to be improper in Italian culture, which is related to traditional views of women; *"…women fighting, or women drunk to that level, for my personal belief, I give women more consideration so if I were to see a woman wasted or fighting I would find it abhorrent"* MC, Male, 112-114. MC had recalled he had seen females in a fight when drinking but did not suggest they were drunk. He recounts the story and then remarks his own views towards women. He suggests that he has more 'consideration' towards women which is meant that he feels that women are above fighting in his point of view. However, he adheres to the stereotypical and traditional norm that females look worse than males when fighting by using the word 'abhorrent'.

None of the Italian respondents suggested that they were involved in acts of violence in any way. DF suggest that sometimes gangs or football hooligans can be the cause of violence she suggests that there were problems in her area with Italian men after a football match *"I remember few years ago, all these drunk guys' outside a bar throwing things, some holding a chain, they were really violent"* DF 303-304.

3.8 Discussion

This study sought to explore Northern Italians and Southern English (London) on their drinking experiences. Furthermore, it aimed to define themes and gain understanding about how each set of respondents related information of their own experience and their thoughts towards drinking alcohol. Italy, as one of the European countries that retains a moderate drinking level is distinctive in how it views alcohol (Sturnin, et al, 2010). It has consistently been a high consumer (6.7 litres per capita, WHO, 2014) of alcohol, although lower than the UK (10.4 litres per capita, WHO, 2014). However, alcohol differs in its mode of consumption through Italy's cultural views, such as historical perception of wine as food, and through its social interaction regarding family. Findings from the themes will be discussed briefly in this section and implications for the thesis will be stated.

The findings highlight notable differences in the way peers interact with each other in a drinking situation, and additionally in family supervision between the two nationalities. Furthermore, respondents from the two nations exhibit subjective differences. These differences are emphasised in relation to how alcohol is initiated in the family setting, the view that alcohol is a gastronomic product, motivations towards drinking; and perceived parental comportment when drinking alcohol. As noted in the method section there are limitations to generalisability (Creswell, 2013). It is not the intention of this study to attempt or suggest that the findings are generalisable as they were an exploration into understanding respondents' alcohol drinking experiences. Moreover, the study was conducted to inform on the next stages of research in this thesis towards national similarities and differences in drinking comportment between two countries.

3.8.1 Learning about alcohol

There were contextual similarities in that the family circle was the general place in which respondents first learned about what alcohol is. Initial taste of alcohol is consistent in both North Italian (Italian) and London (English) respondents. Everyone had tried alcohol between the ages of 5-11 with exception of one Italian youth that did not try it until adolescence. The difference was in alcohol type, whereas all respondents in Italy were given wine and water, in London sometimes beer was given, spirits (a shot and mixer; from a parent's glass) or some recalled tasting neat wine from the parent's glass. However, the way in which they learned was different. For example, the experience of the London respondents was mixed, they suggested understanding alcohol to relate to adults' confidence. Other experiences were of seeing individuals inebriated, or listening to family member discuss their own or others intoxicated state. Further reference mas made towards dinner parties and convivial events which were occasional. In the Italian cohort, much of the recall was that alcohol was always present at every meal time, on most days. The Italian participants noted that early memories were more of an exposure to moderate everyday familial drinking. A difference in the Italian cohort was that there was early behaviour of pilfering (without parents' permission and out of site of the parent) through sipping and tasting liquors due to curiosity of the type of alcohol (Bright colours, shorter measures, and difference in presentation). The primary interest into spirits imbibed by adults at meals times.

To date there are few studies that have regarded initial experiences on when an individual understood what alcohol was (outside of a clinical population) regarding Italians. However,

there are some studies that have suggested that alcohol initiation within the family setting can serve as a protective factor towards later alcohol use and misuse. Di Grande, et al. (2000) in their study of university students in Sardinia found that early onset drinking outside of the family setting strongly predicted later binge drinking amongst males. Therefore, it can be argued that everyday incorporation of alcohol on a moderate basis will inform and instruct differently from less frequent but heavier drinking. According to the Social Learning Theory, (Bandura, 1977) it is possible that early experience of witnessing how adults drink can influence later consumption. The findings of the current study would suggest that northern Italians are exposed to alcohol use daily, whereas their London counterparts are not necessarily in the same context. Furthermore, it was clear from both nationalities in the study that there are different patterns of drinking, hearing about intoxication or seeing it (outside of their family). Therefore, later behaviour will be affected by the way an individual may use alcohol. The theme 'belonging and pretend play' amongst English participants examples that there was a definite need to practice and emulate the behaviour of adults. Although later in an adolescents' life, peers, become more important to inform drinking (Borsari, Borsari, & Carey, 2006). Finally, initial learning of alcohol can be from observing immediate family members and their use as well as intoxication. Sturnin et al. (2010) found this in Italian participants and advocates that initiation of alcohol consumption in a family setting acts a protective factor later in adolescence life.

3.8.2 Parental comportment

Parental and family consumption of alcohol demonstrated subjective difference between the two countries. Northern Italian respondents suggested never observing high levels of intoxication relating to their parents. However sometimes they suggested that they were tipsy/merry. The London respondents similarly did not see parents drinking to excess on a regular basis, but did suggest that they viewed their parents drunk to the point of vomiting and impaired coordination at least once in their childhood/ adolescence. Although, it is not the suggestion of this study that one incident of intoxication may have enough saliency to contribute to an individual's drinking later in life, it is partially influential to their social learning and what is considered as normative behaviour (Yu, et al., 2003). Yu, et al., (2003) as reviewed earlier found that parent's alcohol attitude has an interdependency with their offspring's use. Attitude is regarded as an ongoing and consistent with quantity of use in setting standards of behaviour and higher levels of drinking. Although it cannot be compared in the outcomes of this study, it can be argued that Italian respondents in terms of consistency and moderate practices could benefit from moderate parental attitude and practice of alcohol. The meaning of practice can encompass their use of alcohol which can be visually seen by their children and level to which they are intoxicated or not on a regular basis; and their method in which to instruct their children on use of alcohol. Hence this may contribute as a protective factor in transmission of alcohol comportment through modelling in social learning. This can contribute to assimilation of a schema regarding alcohol intake and can define culture in terms of normative behaviour via parental use. If parent's, male and female, are consistent with their drinking then it will inform how and what is expected in terms of comportment from their children in adult life. Hence acquisition and

performance from social learning theory can be mapped to modelling and observation (See Figure 10 on the next page).

Repetitive viewing of alcohol consumption plays a part in informing individuals of how to drink alcohol and what is considered acceptable in family circles and society (see Figure 10). Modelling would be practiced through mentally representing the behaviour and being able to carry out the action. This can be related to belonging and pretend play as seen in the themes from the English (London) cohort. Motivation towards of emulating adult like behaviour (Belonging; subtheme) can define the early development of acquisition regarding possible future drinking behaviour. Action/ performance of the behaviour is related to initial drinking. Reinforcement of moderate drinking behaviour would be more frequent in the Italian cohort as alcohol drinking in the home and at mealtimes is acceptable in an everyday sense. Further, this is viewed in other homes and other social situations will aid behaviour (practiced or not). This aids comportment to become a schema that can be explanatory towards cultural normative behaviour. The London sample would consist of a more complex pairing of sets of behaviour depending on the individuals' parents /family and alcohol use as there was a varying level and richer experience in the recall due to participants seeing less everyday moderate drinking and more infrequent representations of drinking comportment in society and in the family. Although it is only a facet that can be important to decision making in later drinking style, it is important that the two nationalities have very different experiences collectively. This is clear from the findings of this chapter and would be important explore further through quantitative study using social cognitions to describe the importance of differing motives to related to alcohol intake as well as parental supervision in the past and whether it evidences significant relationships with motives and alcohol intake.

Figure 10 (3.0): <mark>Visual explanatory model depicting social learning through observational learning and modelling</mark>

Acquisition

Observation:

The Observer (child) watches the model (parent) perform (Moderate drinking)

Attention:

Observer (child) pay attention to the cues and status of the model (Parents drinking)

Retention:

The Observer (child) creates a mental picture of act (moderate daily drinking and mentally rehearses performance of it

Performance

Performance:

The observer (child) will copy what has been (pattern of drinking) seen from the model (parent)

Motivation:

The observer (child) must have the right level/ driver (belonging) of motivation copy the model (parent)

Motor Reproduction:

The observer (child) must be capable of repeating the action (pretend or functional play) and will attempt to demonstrate the

3.8.3 Supervision

Findings concerning supervision were noted to be different between the two samples.
English (London) respondents did not comment on regular monitoring of their drinking and
suggested that they were given more autonomy in their adolescence and as they got older.
This is exampled through unsupervised drinking at a friend's house whilst parents were
away. Hence it was possible that parents were unaware of underage drinking as noted from
the discourse from the English respondents. This left 'limitation of alcohol consumption'
decisions to the respondents and peers which lead to heavy drinking and intoxication, and
supports Borserai & Carey's (2001) findings that peer dyads or groups will set their own
standards and will encourage heavier drinking without mediation from other sources such
as parental supervision.

Heavier drinking sessions featured in the discourse in that participants recalled as
adolescents, unsupervised drinking caused an overly intoxicated state to the level of
vomiting or inability to function properly on a cognitive and motor level. They suggested
that their parents were reluctantly involved and called to take them home. In some cases,
parents sympathised with the individual by suggesting this will happen again in life or did
not sympathise by suggesting it was their issue/fault. It is not to be misconstrued through
this finding that blame is being attributed to English parents over lack of supervision,
however the ability to supervise and monitor is important as it is a way of informing how to
limit drinking. Furthermore, by being passive towards higher intoxication parents can
inadvertently condone higher levels of drinking without repercussion and therefore
reinforce the behaviours of repetition or increasing levels alcohol intake.

Italian respondents on the other hand did not necessarily report higher levels of supervision from their parents in peer drinking and outside drinking sessions. However, they did suggest that supervision in early adolescence seemed to teach them how to drink. It was suggested that when respondents were drinking with their peers in the family home it was related to eating and being together with other members of the household. Hence, rather than being a separate session there was inclusion from an early age and therefore supervision was achieved without it being necessary to deliberately monitor their adolescents. This does not suggest that there is only family drinking occurring in Italy but that there is instruction that starts at an early age in which a Vygotskyian (Vygotsky, 1978) approach seems to be used to teach drinking practices as well as monitor individuals. This could constitute a protective factor towards moderate alcohol use and acquisition of limiting intake. It is additionally an inclusive practice which encourages less separated interaction of the adolescent and parent/adult. Italian youth do drink and experiment with alcohol outside of the family circle and they have similar peer influence and interaction as any teenager would. However, there are more moderate practices employed from earlier ages in alcohol consumption. Le Doux, et al., (2002; reviewed earlier in chapter 1) found a difference between UK and French participants in heavy drinking. First, they found that their French participants were more heavily monitored by their family in terms of where they were and when they went out in comparison to UK participants. Second, there was a significant difference between the two countries on supervision and heavier drinking. They found that UK parents monitored drinking sessions less, and that adolescents had heavier drinking sessions in comparison to French youth. Yu, et al. (2003) suggested that more an adolescent was monitored, as well as, spending time in the family the lower the alcohol consumption. Therefore, it can be noted that parental influences even in young adulthood can help mediate alcohol use (Yu,

2003; Borsari, Borsari, & Carey, 2006; Zucker, et al. 2008). This means that earlier education in consuming alcohol and supervision in youth could influence mediation of alcohol use and serve as an attenuator alongside peer influence on alcohol consumption. These drinking levels of parents and peers can in turn be informed via cultural normative behaviour which is acceptable and therefore will additionally influence behaviour through injunctive and descriptive norms.

For example, Borsari, Borsari, & Carey, (2006) argue that peer influence can be a deciding factor on drinking in a wider group, hence heavier drinking within a group will influence its members drinking levels. It was suggested in the findings of this chapter that there was impact of peer practises to drink in the English (London) respondents. Some of the respondents reported that they felt judged if they were not drinking. Furthermore, that peer insistence was related to drinking larger or more quantities of alcohol in some situations.

3.8.4 Motivations in culture and how socialisation of drinking is emphasised

Motivations and emotions were present and depicted differently, in the two samples. Italian youth were more positive towards drinking. They suggested they use alcohol to reduce inhibitions such as 'escaping their world' and relaxing for an evening. This practice was essentially noted with less frequency amongst the English respondents and was suggested to be something practiced intermittently. Aggression as an act, was discussed by Italian participants but more varied in terms of substance misuse and dependant on setting such as a club. In contrast, English male and female participants related aggression far more to their

drinking arenas. One English respondent suggested he limited drinking for this reason. Italian males in the sample had more gender stereotypical normative judgements of women fighting. Whereas the English respondents showed more of an egalitarian view towards alcohol fuelled incidents.

Shame and guilt were present within the English sample as they recalled different situations in which they felt these emotions towards reflection of their own actions. Risky sexual situations and some antisocial behaviour were related to shame and mainly directed towards or felt by females amongst the English respondents. Italian participants did not have this present in their discourse relating to drunken comportment. However, they did use alcohol to escape and to ease social situations, but tended to use alcohol as complementary to social interaction rather than to drive social interaction. Heavier drinking to get drunk seemed to be more present in the English sample than in the Italian. Italians, overall, viewed being drunk as an effect that sometimes happens, and one that is not necessarily deliberately produced. Whereas, English respondents looked for the effect of alcohol to drive / determine their evening. The figure below attempts to illustrate this (Figure 10).

Figure 10 (3.0) A visual illustration of how alcohol is viewed differently across nationalities of southern England and north western Italian respondents to Social interaction

Alcohol

Alcohol is used to drive social interaction in Southern English respondents

Social Interaction

Alcohol

Alcohol is complementary to social interaction in Northern Italian respondents

Social Interaction
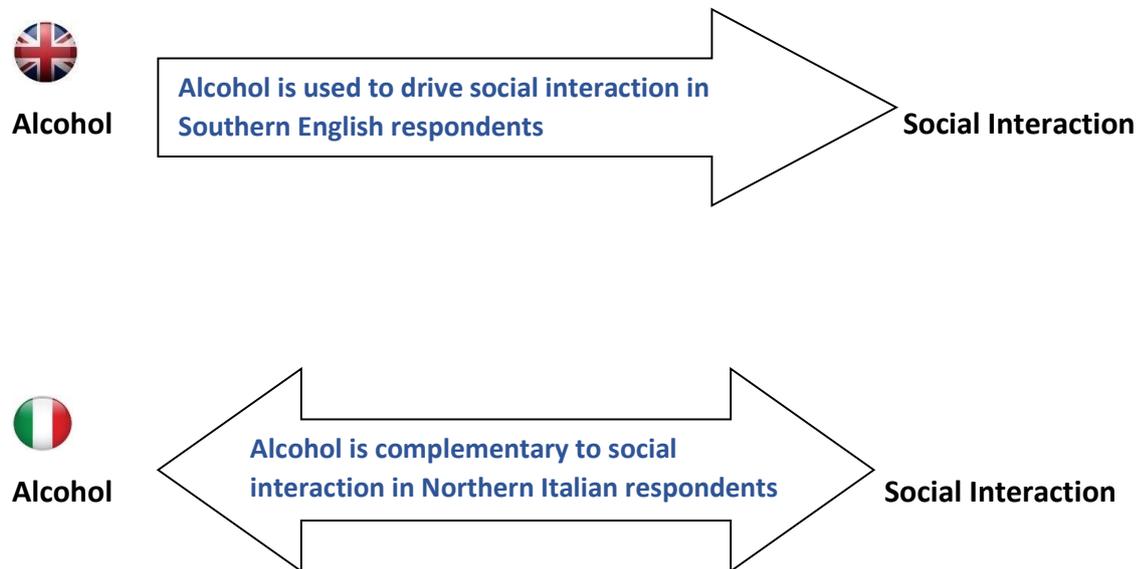
Finally, some Italian respondents disclosed their perceptions towards younger drinkers. Their perception was that drinking was becoming more of a behaviour associated with getting drunk rather than the traditional view of taking alcohol as a complementary drug for social interaction and food. They additionally suggested that the current generation of young Italians are undertaking heavier sessional drinking. This was considered as a negative issue and a notable change amongst all respondents even the younger ones. There is a suggestion towards social shift in Italian drinking from the traditional moderate drinking practices generally employed to a heavier binge drinking style as perceived by respondents in this study.

3.8.5 Limitations

Limitations to the study are highlighted in this section. As discussed earlier there are constraints to objective generalisability. Generalisability is the extent to which findings can be applied to the wider population (Myers, 2000). However, the study was concerned with the exploration of individuals' subjective understanding of how alcohol is perceived in the two nationalities to identify possible factors that could be further analysed using quantitative research. Therefore, it was not the intention to produce a piece of research that is generalisable to the two nations.

A further limitation is related to possible drinking problems within the family or of the respondent. However, respondents were asked if they or anyone in their family have ever had any drinking problems in the past, if they answered yes, they were excluded from the study. However, this is a self-report measure and therefore it is limited to participants willingness to disclose.

Participant transcript review (ITR, Mero-Jaffe, 2011) was conducted to validate and add rigour to the findings in the qualitative phase. As suggested earlier participants were approached at the end of each participant, however few opted to view their finished transcripts and outcomes. A total of 4 English respondents reviewed their transcript and the rest of the sample both Italian and English respondents declined. This is a limitation in terms of interview validation of the information. The philosophy behind this practice is to preserve research ethics, validate transcripts and empower respondent to comment on the transcript

and ratify the content. Goldblatt, et al. (2011) argue against this process suggesting that it adds little to the accuracy of the transcript and may even create complications in terms of validity. However, ITR is suggested as the text is written as verbatim, and the goal of the researcher is to produce a transcript that reflects precisely what was said within the interview. In Hagens (2009) study of n=51 participants, consisting of professionals in the Canadian health care system, they argued transcript validation had some positive aspects in terms of clarification of information. Furthermore, it was suggested that it gave chance to add further information on reflection by the participants. However, they argued that the advantage of its use may be relatively small in relation to verifying qualitative interview transcripts. Hagen (2009) further suggests that in some cases intention not to review can be an ethical consideration as participants may feel uncomfortable in revisiting their verbatim (Hagens, 2009; Jaffe & Lerner, 2011). There are debates on whether sending transcripts to those that have only responded positively (as in want to review their transcript) is acceptable or whether transcripts should be sent to all regardless of whether participant wants to review it or not. Therefore, the researcher asking if the participant would like to view their transcript may be a limitation as a negative response immediately stops revisiting the information. However, choice is important in ethics as it can be argued that participants may have felt uncomfortable in reviewing their own transcripts (Jaffe & Lerner, 2011, Hagens, 2009). Therefore, in this study unless the participant wanted to review their transcript a decision was made not to automatically send transcripts for review without permission.

A final limitation relates to use of voice over internet protocol (VoIP). Although not considered the 'gold standard' of interviewing in qualitative research, Skype interviewing does offer synchronous environment. It can be used with visual real-time video conferencing which does enable the interviewer interaction with the respondent face to face and in real time. Benefits of VoIP systems are that technology has been developed to allow recording of the visual elements of the interview held on Skype, and voice recording is additionally an option. However, as a methodological toolkit it allows access to participants that are otherwise unable to attend or be present to interview for various reasons. Further it aids financial implications within research especially in the case of cross-cultural research where interviews must be carried out in other countries (Hooley, Wellens & Marriott, 2012).

Denscombe (2003) and Deakin & Wakefield, (2013) argue that when using Skype, responses can be quicker (Deakin & Wakefield, 2013) and are not necessarily degraded by the lack of face-to face contact. In this sense rapport, can be built. Additionally, this supports that the quality of responses is much the same in Skype interviewing as the traditional methods (Face to face; Denscombe, 2003). Deakin & Wakefield, (2013) suggest that multiple interviewing methods within research are a growing phenomenon due to limitations in time, funding, and location. Furthermore, Skype has been heralded as a useful tool in the 'methodological frontier' allowing for data collection in an innovative manner (Madge, 2010).

Demand Characteristics is a phenomenon that has been studied for over 50 years regarding participant/respondent behaviour. Demand characteristics suggests that the awareness of participants towards the investigators aims or anticipated findings can have implications for how they may behave or respond (McCambridge, Bruin & Witton, 2012). The 'good subject'

is a term used to describe when a participant who has the knowledge of the study will occasionally behave or express what they think will be conducive towards the goals of the research by satisfying the needs of the researcher. Therefore, it is suggested that Authenticity could be an issue due to not being able to truly feel free to represent oneself for fear of judgement (Sullivan, et al., 2012, McCambridge, et al., 2012). Authenticity (Peterson, 2005) relates to the presentation of self and the way in which an individual will convey an impression of his or herself that can be beneficial to the researcher (demand characteristics). Furthermore, it can relate to the individual's own perception of how they believe they are or how they would like to be perceived. One, line of argument can highlight that in any given interview in qualitative research authenticity is a difficult issue to account for, or resolve.

3.9 Conclusions and implication for the thesis

This study has highlighted clear differences and similarities between the two nationalities. It has identified areas that will be of importance for studying the two nationalities from a quantitative approach. Supervision was a factor that contributed to possible lower alcohol consumption and highlighted a clear difference between the two nationalities, with the Italian sample showing more frequent and stricter supervision in comparison to the English sample. Family drinking practises regarding perception of parental alcohol use was emphasised as another variable that is part of teaching alcohol comportment through imitation and observational learning. Drive towards drinking alcohol, expectation of what alcohol will do for the individual were present with different emphasis within the two

nationalities. English respondents discourse suggested limiting alcohol use regarding fighting.

Drinking to get drunk suggested that there was an emphasis on it benefitting individuals as they enjoyed disinhibition. Shame, guilt, and risky behaviour were present amongst English participants as a factor in that they experienced these emotions and used alcohol to enhance sexual situations (confidence, sexual interaction through initiation of speaking to an individual and disinhibition of behaviour). Furthermore, these themes suggested possible limitation of drinking as reflection on risky sex served as a warning of socially embarrassing or dangerous situations. Therefore, these constructs may act as mediators in adolescence and young adulthood in protecting an individual regarding motivation to drink or limit alcohol use. For this reason, it is suggested exploring alcohol expectancies and motivation to drink in the Italian and English sample will help understand further differences incorporated by the two nationalities in relation to reasons for drinking.

Chapter 4: A social cognitive perspective of alcohol drinking motives between southern English and northern Italian social drinkers

This chapter describes the quantitative study for this thesis and examines an aspect of the data collected on the differences of drinking motives in English and Italian participants. The chapter provides a summary of the methodology described in chapter 2 and inspects both cohorts of respondents on their national and sex differences. Furthermore, it analyses relationships and predictive relationships between motives and alcohol consumption. Finally, some aspects of parental supervision and attitude are examined in relation to categorical factors for nationality and parental intoxication.

4.1 Introduction

The findings from chapter 3 revealed that *enhancement* as well as *socialisation* factors were present for both Italian and English respondents. However, there were dissimilarities regarding how alcohol was used in social situations and reasons as to why it was used. For example, parental drunkenness / intoxication was present in the discourse of English interviewees in chapter 3. However, Italians did not highlight this as a behaviour that they witnessed from their parents. Therefore, witnessing parents drunk was factored in the items for this study to understand if this past-experience would signify differences. Furthermore, parental supervision was highlighted as a finding in chapter 3, therefore, parental supervision and attitude towards drinking was taken into consideration for the next stage of research. Affective states related to drinking alcohol was considered a natural progression as there had not been research into cultural variation between Italy and England on this

area up until 2015. Therefore, the objectives of this study are two-fold: (a) to examine what motives to drink are present in each country and how these may relate to alcohol intake in units; (b) to explore if there are differences towards perceived parental supervision and witnessing parents drunk and whether these influence motives to drink.

4.1.1 Background

As explained in Chapter 1, section 1.6.1, Cooper (1994) developed a four-factor model for drinking motives via studying 1,243 participants with an ethnicity of white American and black American adolescents. The DMQ-R (Cooper, 1994) was employed with an aim to understand if the four motives (Social, Enhancement, Conformity, and Coping) were empirically distinct factors associated with drinking patterns. She found that social motives were positively related to alcohol use but did not predict drinking problems or heavy use. Drinking to cope (Coping) was hypothesised to predict drinking problems and heavy use in individuals, and additionally drinking to cope would be associated to solitary drinking. Drinking for enhancing one's own mood and experience (Enhancement) was theorised to be widely endorsed and positively associated with heavy alcohol use. Furthermore, drinking to conform (Conformity) should additionally be positively associated with drinking however with a weak overall relationship as drinking to conform, in isolation, should not necessarily predict regular and heavy drinking in an individual. Rather it is related to conforming to a group to fit in (Cooper, 1994; Kuntsche, et al. 2015). Finally, the drinking motives were found to be consistent across gender, age groups and ethnicity (Cooper, 1994).

Studying motives to drink alcohol in two different cultures may help identify risk and protective factors that could inform policy making. In addition, studying countries that are facing social shift from more traditional drinking patterns to drier drinking habits in the Mediterranean (Mäkelä, Gmel, Grittner, Kuendig, Kuntsche, Bloomfield & Room, 2006; Pacifici, Pierantozzi, Di Giovannamdrea, Palmi, Mastrobattista, Mortali & Pichini, 2013) could help document what factors are important or indicative of a more moderate drinking style.

4.2 Method

4.2.1 Methods

Elements of the methodology of this study (2) are defined in more detail in Chapter 2.

4.2.1.1 Participants

The sample consisted of a total of 307 respondents (113 males and 194 females), of which 89 were English (London and South England) and 218 Italian (North and North Western), with respondents aged from 18-35. The data were collected using a non-probability sampling procedure (Heckthorn, 2002 & Salganik & Heckthorn, 2004). Respondent driven non-probability sampling was achieved via contacting groups, educational establishments, and friend lists on social media. Respondents were briefed and given the right to withdraw an assured their anonymity in the study. The survey was constructed in Survey Monkey and the data collated over approximately a 24 months period between September 2012-2014. A power calculation was utilised to guide the total number of participants required for the study using G* Power (Faul, Erdfelder, Lang, & Buchner, 2007; Faul, Erdfelder, Buchner & Lang, 2009, see Chapter 2).

4.2.1.2 Materials

A brief explanation of the measures used will be described briefly, however an in-depth

explanation is outlined in the methods Chapter (2; p77).

The Drinking Motivations Questionnaire (DMQ; Cooper, 1994; p96) consists of a four-factor

model of motivations assessing why individuals drink alcohol. This is based on internal and

external positive and negative motives. These motives consist of enhancement (internal

positive), Social (external positive), coping (internal negative) and conformity (external,

negative). The DMQ comprises of 20 items, examples of the items are: Social '***because it***

makes social gathering more fun', Coping, ***'because it helps you when you feel depressed',***

Enhancement **'because it's fun'** and Conformity **'to be liked'** (please see Appendix V for the

full 20 items, p416). A 5-point Likert scale is used by the DMQ and indicates; 1= almost

never/ never, 2=some of the time, 3=half of the time, 4 most of the time and 5 almost

always.

The Alcohol Use Questionnaire (AUQ, Mehrabian & Russell, 1978; p93) was employed to

measure alcohol use and frequency as well as binge drinking (for full description see the

methods chapter 2). The AUQ (Mehrabian and Russell, 1978) was derived from Townshend

& Duka (2002) and looks to record approximation of alcohol intake in units per session and

per week of wine, beer, spirits, and alcopops/cocktails. Furthermore, there is a section in

the measure that records beverage specification. This allows for determination of alcohol

content by gauging the most typically used product (s) by brand and aims to aids more

precise approximation using Alcohol by Volume (ABV). The binge drinking score was

calculated via information on the questionnaire (see Appendix V; p 419). This involves items

10, 11 and 12 of the questionnaire (speed of drinking, average drinks per hour and number

of times being drunk in the previous six months) and does not calculate the other quantity

items on the questionnaire which are left out of the equation of 4 x (Item 10) + Item 11 + 0.2

x (Item 12); (Mehrabian & Russell, 1978; Townshend & Duka, 2002). To understand what the

binge score is and what signifies a binge drinker there are cut-off points for the category of

binge and non-binge drinker of < 16 for non-binge drinkers and >24 for binge drinkers.

Therefore, a split between the scores were calculated using transform variable and

specifying the ranges suggested above to classify binge and non-binge drinkers within the

sample of English and Italian respondents.

Perceived Parental Supervision (PPS; Chapter 2, p99) questions consisted of 2 items asking if

the primary caregiver 'set times for the participant when they were a teenager in relation to

returning home', and additionally, 'if they knew where the individual was for the evening'.

These questions were taken from previous academic studies which used the exact questions

to measure parental supervision (Beck, Shattuck, Haynie, Crump & Simmons-Morton, 1999;

and Ledoux, et al. 2001). The Scale used was a 4-point Likert scale of 1=always,

2=Sometimes, 3=never and 4=don't know.

There were two questions on Perceived Parental Attitude (PPA; Chapter 2, p99), these were:

(1) '**How would best describe your parent (s) attitude towards alcohol when you were in**

your teenage years? (2) '**During your teenage years if you came home visibly drunk (e.g.**

slurred speech and / or uncoordinated movement) what would your parent (s) attitude

towards your state be?' PPA was measured using a 6-point Likert scale ranging from,

1=*strongly opposed, 2=moderately opposed, 3=indifferent, 4=accepts in family, 5=approves*

in general and 6=not applicable. Overall any responses on both measures of '6: not

applicable' and '4: don't know' were coded in SPSS to discount the rating as it was not

relevant to the scale.

4.3 Statistical Analysis

4.3.1 Statistical data Analysis Strategy

Statistical analysis was conducted using SPSS 22 (Version 22, SPSS Inc, Chicago). The analysis

comprised of 5 steps: initially data were cleaned and assed for missing data and inspected to

check for normality and outliers. Planned comparison of the data included Multivariate

Analysis of Variance (MANOVA), Analysis of Variance (ANOVA) and Pearson's product

moment correlation coefficient and multiple linear regression on motives to drink and

weekly alcohol intake in units and binge drinking. ANOVA was employed to examine if there

were differences in the four factors of motives to drink between the two nationalities.

4.3.2 Scale reliability

The DMQ was assessed for scale reliability and showed overall good reliability $\alpha = .80$ for all

the factors for the DMQ. The subscale reliability was reported as follows; Social $\alpha = .78$,

Coping $\alpha = .74$, Enhancement $\alpha = .64$, and Conformity $\alpha = .82$ within the Italian sample. The

English Cronbach's alpha shows overall reliability $\alpha = .75$ with subscales of Social $\alpha = .77$,

Coping $\alpha = .64$, Enhancement $\alpha = .54$, and Conformity $\alpha = .50$ showing good internal

consistency. The minimum requirement of $\alpha = .5$ (Nunally, 1978) was used as a rule of

cutting off factors. Field (2009) suggests that although an $\alpha = .7$ is a good level, the internal

consistencies are more appropriate towards cognitive tests (for example IQ testing). He

further argues that when psychological constructs are being employed from psychometric

self-report measures that it is realistic to have alphas below the level of $\alpha = .7$ (Kline, 1999).

The argument towards scale reliability lower than $\alpha = .7$ is suggested by Kline (1999) as there

is more diversity in the scales implemented to look at psychological constructs. However,

Cortina (1993) argues that there should be a certain amount of caution taken in relation to

how many items are implemented in a factor of a subscale. Where there are fewer items,

sometimes they show high reliability and therefore caution should be used. Within the

subscales of the DMQ (Cooper, 1994) there are 5 items per factor totalling the 20 items

overall. Therefore, this amount per factor is deemed to have sufficient amount for a reliable

coefficient alpha (Iacobucci & Duhachek, 2003).

4.3.3 Data Verification

Overall there were some missing values on the DMQ items for some respondents. The

primary investigator decided to use a 'forced response' option only for certain items

(outlined in the method chapter 2), a "force response" consisted of a small notification box

that appeared at the end of a matrix of items once answers were submitted. The software

highlighted that there was a missing response to the item. This was placed only on certain

questions and allowed the respondent to rectify the missing response before proceeding.

The AUQ was safeguarded through forcing a response for all items and therefore no missing

data was recorded. In total, there was a loss of n=69 respondents from the Italian sample,

this was at different stages of the questionnaire and were due to non-completion and

erroneous/suspicious data. Suspicious and erroneous data was discussed with the primary

supervisor and advice was sought. This was carried out to attempt to verify the concerns of

the primary researcher and to agree on removal of the data in question. Single responses

were assed and if the recorded items in a matrix were similarly rated (such as 3 placed in every response for 5 questions or within the factor) or exceptionally exaggerated (such as was in AUQ, with high amounts of alcohol that were too high for a social drinker or for an individual to drink by grossly overestimated levels) the respondents were removed from the data set as data not missing at random (Little, 1987; Little & Rubin, 1989). Similarly, in the English sample n=12 respondents were removed for the same issues highlighted.

There was an option to replace data using software on SPSS that creates a 'best guess' of the response that is missing. However, it was decided by the primary investigator that the option to treat data with a replacement would not be ethical for two reasons. The first was that non-completion on the DMQ signified a whole response set of items missing. Therefore, treatment through imputation of replacing missing values for 'expectation-maximisation' was not utilised as it would be running the risk of bias in assumption of the individual scores (Hedges & Pigott, 2001). Second, treatment of data regarding grossly overstated levels of drinking or missing data would assume drinking levels. This would additionally be unethical regarding higher drinking levels. Therefore, removal was considered more ethically viable and fair rather than multiple imputation (Little, 1987 & Schafer, 1997). Finally, any missing responses that were due to respondent error and not suspicious were coded in '999' to inform SPSS that that there were missing values in the data line (Field, 2012).

4.3.4 Data Distribution

The distribution of data was graphically assed using histograms, Quantile-quantile (Q-Q) plots and box plots. Due to the non-normal data, distribution further investigation and

transformation was undertaken. The steps used to rectify this issue consisted of observation

of Statistical tests for normal distribution (Kolmogorov-Smirnov & Shapiro-Wilk; Razali &

Wah, 2011). Furthermore, skew and kurtosis were also analysed and the outlier labelling

rule (Hoaglin & Iglewicz, 1987, 1986) was applied to determine if further data should be

removed.

Analysis on the distribution of data was observed via testing using a Kolmogorov-Smirnov

(table 10) test instead Shapiro and Wilk. Although it is suggested that Shapiro and Wilk is

the most powerful normality test, it is generally recommended to test continuous variables

(Razali & Wah, 2011). The DMQ (Cooper, 1994) factors although validated is classed as semi-

interval data which is more suited to the Kolmogorov-Smirnov test for normality.

Table 11 (4.0): Distribution of scores for the DMQ and the AUQ based on the Kolmogorov-Smirnov test in the Italian sample

Variable	Statistic	Df	Sig.
Split by drinkers and non-drinkers			
DMQ Italy			
Social	.124	218	$p < 0.001$
Coping	.177	218	$p < 0.001$
Enhancement	.136	218	$p < 0.001$
Conformity	.239	218	$p < 0.001$
AUQ Italy			
Quantity	.138	218	$p < 0.001$
Binge	.190	218	$p < 0.001$
DMQ England			
Social	.162	89	$p < 0.001$
Coping	.146	89	$p < 0.001$
Enhancement	.170	89	$p < 0.001$
Conformity	.267	89	$p < 0.001$

AUQ England

Quantity	.160	89	*p* < 0.001
Binge	.100	89	*p* = 0.030

The tests for normality indicate that the data were not normally distributed in England or Italy. Further inspection was undertaken to explore skew and kurtosis within the sample. Overall the decision not remove data from the sample that were skewed was taken. This was justified as there were few outliers (5 in total). It was suggested removal was not representative of the data taken and removal would change the integrity of participant responses. Regarding the AUQ quantity and binge measures, any individual considered to be grossly above a normal threshold of alcohol drinking was removed from the sample as there was no focus on dependent drinking within the research. However, it is normal for alcohol intake to fluctuate between social drinkers and binge drinkers, hence the integrity of the individuals reporting of alcohol consumption was important to maintain without transformation or removal or outliers. Outliers within the DMQ of 5 do not show as a dubious after further inspection of the individual scores. However further precaution was taken by implementing the simple rule of z=3 (Hawkins, 1980; Miller, 1991; Selst & Jolicoeur, 1994; Osbourne & Overbay, 2004). This was applied after using SPSS to standardise and produce z-scores for English and Italian scores on the DMQ factors. None of the Z scores exceeded this rule and therefore outliers were not removed from the sample (Miller, 1991, Selst & Jolicoeur, 1994).

4.4 Results

4.4.1 Participant profile

The total number of respondents was n=307 with n=218 Italians and n=89 English, the age range was from the ages of 18-35.

4.4.1.1 Italian Respondents

Demographic data for the Italian sample are presented in table 12. Amongst the Italian (n=218) respondents there were a total of n=128 (58.7%) females and n=90 (41.3%) males. Ethnicity of the Italian participants consisted of 97.7% (n=213) White Italian, 3 Mixed Race (1.4%), 1 (.5%) Asian and 1 (.5%, non-signified) respondent. Overall alcohol consumption of the respondents totalled $\bar{x}$ =13.80 units per week as a mean score with a distribution of 11 standard deviations. This suggests that the distribution of scores to this mean were widely dispersed and is considered normal when recording drinking levels in a population (Osbourne & Overbay, 2004).

Parental drinking for Italian participants was recorded as 79.4 % (n=166) to be drinking alcohol and 20.6% (n=43) not to be drinking alcohol. The majority of the sample had never seen their parents drunk 84.1% (n=175) and 15.9% (n=33) had seen their parents drunk at least once in their life. About half of the sample reported that they had no religious Institutional belief 52.8% (n=115), however those that did have a belief were recorded at 41.7% (n=91). Within this, the majority were unspecified as to what institutional belief they held 59.2% (n=129) and the second largest majority were Catholic n=75 (34.4%). Finally, level of Education consisted of Masters 21.1% (n-=46) and degree level 19.7% (n=43). Moreover, there were those with technical school qualifications 8.3% (n=18), School and college 37.2% (n=81).

Table 12 (4.0): Demographics of Italian participants

N=218	N/n	%	Mean	SD	Range
Demographics profile Italian					

Sex of Participants					
Male	90	41.3%			
Female	128	58.7%			
Age	218		25.06	5.20	18-35
Ethnicity of participants					
White Italian	213	97.7%			
Asian	1	0.5%			
Mixed Race	3	1.4%			
Other (unspecified)	1	0.5%			
Binge Drinkers					
Non-Binge	149	68.3%			
Binge	69	31.7%			
Parents Drink					
Yes	166	79.4%			
No	43	20.6%			
Witnessed Parents Drunk					
Yes	33	15.9%			
No	175	84.1%			
Preload					
Yes	27	12.4%			
No	190	87.6%			
Religious belief					
Yes	91	41.7%			
No	115	52.8%			
Catholic	75	34.4%			
Atheist	1	0.5%			
Buddhist	2	0.9%			
Non-Catholic Christian	8				
Other (no particular religion)	10	4.6%			
Not specified	129	59.2%			
Education (n=129)					
Masters (PG)	46	21.1%			
Degree	43	19.7%			
School and College	81	37.2%			
Technical School	18	8.3%			
High School Professional	10	4.6%			
11-13 School	8	4.7%			
Other (Non-specified)	12	5.5%			

Table 13 (4.0): Demographics of English participants

N=89	N/n	%	Mean	SD	Range
Demographics profile Italian					
Sex of Participants					
Male	23	25.8%			
Female	66	74.2%			
Age	89		28.27	5.51	18-35
Ethnicity of participants					
White British	32	36.6%			
White	29	32.6			
White European	4	4.5%			
Black Afro Caribbean	1	1.1%			
Black African	3	3.4%			
Black	1	1.1%			
Asian	6	6.7%			
Mixed Race	13	14.6%			
Binge Drinkers					
Non-binge	49	55.1%			
Binge	40	44.9%			
Parents Drink					
Yes	63	78.8%			
No	17	21.3%			
Pre-load					
Yes	43	48.4%			
No	46	51.7%			
Witnessed Parents Drunk					
Yes	56	68.3%			
No	26	31.7%			
Religious belief					
Yes	38	47.5%			
No	42	52.2%			
Church of England	9	10.1%			
Catholic	5	5.6%			
Other Christian	6	6.7%			
Atheist	1	1.1%			
Buddhist	1	1.1%			
Muslim	4	4.5%			
Jewish	1	1.1%			
Hindu	1	1.1%			
No Specified religion	17	19.1%			
Not specified	44	49.4%			
Education (n=129)					
Masters (PG)	10	11.2%			
Degree	49	55.1%			
Foundation Degree	5	5.6%			

HND	3	3.4%
A-levels	9	10.1%
BTEC/AVC	3	3.4%
GCSE	1	1.1%
Other (Non-specified)	9	10.1%

4.4.1.2 English respondents

The English demographics (see table 13) show that there was a total of n= 89 respondents with 74.2% (n=66) of the sample comprising of women and 25.8% men (n=23). The sample is disproportionate and over representative of females however due to time and response as well as loss of data from males that dropped out there is a lower proportion of males in the sample. The mean age of the sample was 28.27 with an SD of 5.51 of individuals aged from 18-35. The Ethnicity of the sample comprised of 36% white (n=32) and 32.6% (n=29) White British, hence in total 68.6% of the sample were white. The rest of the sample included Black Afro Caribbean 1.1% (n=1), Black African 3.4% (n=3), Black 1.1% (n=1), Asian 6 (n= 6.7%) and Mixed race 14.6% (n= 13). Education level indicates that participants were mainly at degree level 55.1% (n=49). Respondents with masters totalled 11.2% of the sample (n=10), foundation degree 5.6% (N=5), HND 3.4% (N=3), A-levels 10.1% (n=9), BTEC 3.4% (n=3) and GCSEs 1.1% (n=1).

The next section of the thesis will discuss the findings in relation to drinking motives in the two nationalities (English and Italian). Furthermore, some preliminary findings will be presented on alcohol use between the two countries (consumption and binge drinking).

4.4.2 Differences in alcohol consumption and binge drinking (quantity and frequency) in English and Italian respondents

Differences in alcohol consumption and binge drinking between the two nationalities were explored using one-way analysis of variance. Levene's test was not significant therefore homogeneity of variance was assumed.

There was a significant difference between English and Italians on their binge drinking level, F (1, 305) 9.48 p=.002, η^2=.03 with English respondents reporting significantly higher binge drinking levels (see table 14 below).

Table 14 (4.0): Table of results depicting between-subject effects of nationality on quantity and binge drinking levels.

AUQ measures	Italian	English	ANOVA **(Italy vs England)**
	Mean (SD)	Mean (SD)	
Quantity (Units per week)	13.80 (11.45)	16.44 (19.92)	F (1, 305) = 3.10 p=.079
Binge	17.22(12.86)	22.27 (13.39)	F (1, 305) = 9.48 p=.002**

*P < 0.05 P < 0.01** P < 0.001***

4.4.3 Witnessing parent drinking and being drunk

In the Italian sample, 79.4 % (n=166) of participants reported that their parents were drinking alcohol and 20.6% (n=43) reported that their parents were not drinking alcohol. The majority of the Italian sample had never seen their parents drunk 84.1% (n=175) and 15.9% (n=33) had seen their parents drunk at least once in their life. In the English sample. Parents reported to be drinking by participants were 70.8% (n=63) in comparison to 19.1% (n=17) that were not drinking. When reporting on parents that have been seen to be drunk

English respondents signified that 68.3% (n=56) had witnessed their parents drunk and 31.7% (n=26) had not. To examine if there was a significant difference between nationality, a Pearson's Chi-Square was performed. A significant association was found $\chi^2(1) = 69.89$, p = .001 suggesting that significantly more English respondents viewed their parents drunk than Italians.

4.4.4 Differences between Nationality and Gender in drinking motives

National and gender differences were explored using a 2 X 2 multivariate analysis of variance (MANOVA), with Motives for drinking as dependent variables (Social, Enhancement, Coping and Conformity) and Nationality (English vs Italian) and Sex (Males vs Females) as factors. A MANOVA was performed as it protects against inflating a type 1 error rate and therefore allows follow-up ANOVAs to be conducted with confidence (Bock & Cramer, 1966). Pillai's trace was chosen as it is the most robust in relation to homogeneity of covariance matrices.

Leven's test was not significant for any of the factors.

A 2x2 MANOVA main effect was present in Nationality, Pillai's trace= .32 F (6, 285) = 21.96, p= .001, η^2= .32. Partial eta squared was at η^2=.32; Sex, Pillai's trace= .077, F (6, 283) = 3.96, p= .001, η^2= .077; and Sex * Nationality Pillai's trace= .069, F (6, 283) = 21.28, p= .001, η^2= .069.

4.4.4.1 Nationality

As shown in table 14 below, there was a significant difference on all but one motive

(Conformity), with the English showing higher scores in Social, Enhancement and Coping

motives in comparison to Italians, see F, and p values in table 15.

Table 15 (4.0): Differences between English and Italian participants on drinking motives

Motives	Italian	English	ANOVA (Italy vs England)
	Mean (SD)	Mean (SD)	
Social	2.15 (.81)	3.05 (.97)	F (1, 290) = 60.99, p= .001***
Enhancement	1.95 (.86)	2.49 (1.01)	F (1, 290) = 17.52, p= .001***
Coping	1.57 (.61)	2.01 (.93)	F (1, 290) = 18.73, p= .001***
Conformity	1.40 (.46)	1.48 (.72)	F (1, 290) = 1.74, p= .188 -

Drinking Motives Scale: 1= almost never/ never, 2=some of the time, 3=half of the time, 4 most of the time and 5 almost always.

*P < 0.05 P < 0.01** P < 0.001***

4.4.4.2 Gender

As shown in table 16 below, overall, males showed significantly higher scores on Social and

Enhancement motives in comparison to females, $F (1, 290) = 4.70$, p= .031 and $F (1, 290) = 5.07$,

p= .025.

Table 16 (4.0): main effects of sex (males and females) and motives to drink

Motives	Males	Females	ANOVA **(Males vs Females)**
	Mean (SD)	Mean (SD)	
N	107	185	
Social	2.38 (1.00)	2.14 (.90)	F (1, 290) = 4.70, p= .031*
Enhancement	2.11 (.96)	2.09 (.92)	F (1, 290) = 5.07, p= .025*
Coping	1.56 (.62)	1.75 (.80)	F (1, 290) = 1.63, p= .202
Conformity	1.41 (.50)	1.44 (.57)	F (1, 290) = 1.05, p= .307

Drinking Motives Scale: 1= almost never/ never, 2=some of the time, 3=half of the time, 4 most of the time and 5 almost always.

*P < 0.05

The table (17) and figures (11, 12 & 13) below depict significant interaction effects between

nationality and sex on Social $F (1, 288) = 5.69$, p= .018, $\eta^2= .019$, Enhancement $F (1, 288) =$

9.26, p= .003, $\eta^2= .031$ and Conformity $F (1, 288) = 5.47$, p= .020, $\eta^2= .019$. T-tests were

performed to further scrutinise the interactions.

Table 17 (4.0): ANOVA table illustrating an interaction effect between nationality and sex on motives to drink

Motives	Italy		England		ANOVA
	Males	Females	Males	Females	Gender*Nationality
N	90	128	23	66	
Social	2.13 (0.82)	2.15 (79)	3.42 (.96)	2.86 (.93)	F (1, 290) = 5.69, p= .018*

Enhancement	1.90 (.83)	2.00 (1.00)	2.96 (.98)	2.28 (.94)	F (1, 290) = 9.26, p= .003**
Coping	1.49 (.55)	1.62 (.66)	1.88 (.80)	2.01 (.98)	F (1, 290) = .001, p= .978
Conformity	1.34 (.32)	1.44 (.52)	1.69 (.89)	1.43 (.66)	F (1, 290) = 5.47, p= .020*

Drinking Motives Scale: 1= almost never/ never, 2=some of the time, 3=half of the time, 4 most of the time and 5 almost always.

*P < 0.05 P < 0.01** P < 0.001***

Graphs 11, 12 and 13 on the next pages illustrate the interactions between Italian and

English males and females with a summary below of the finding and the inferential

statistical outcome.

Figure 11 (4.0): A line graph depicting the interaction between nationality and sex on social motives to drink
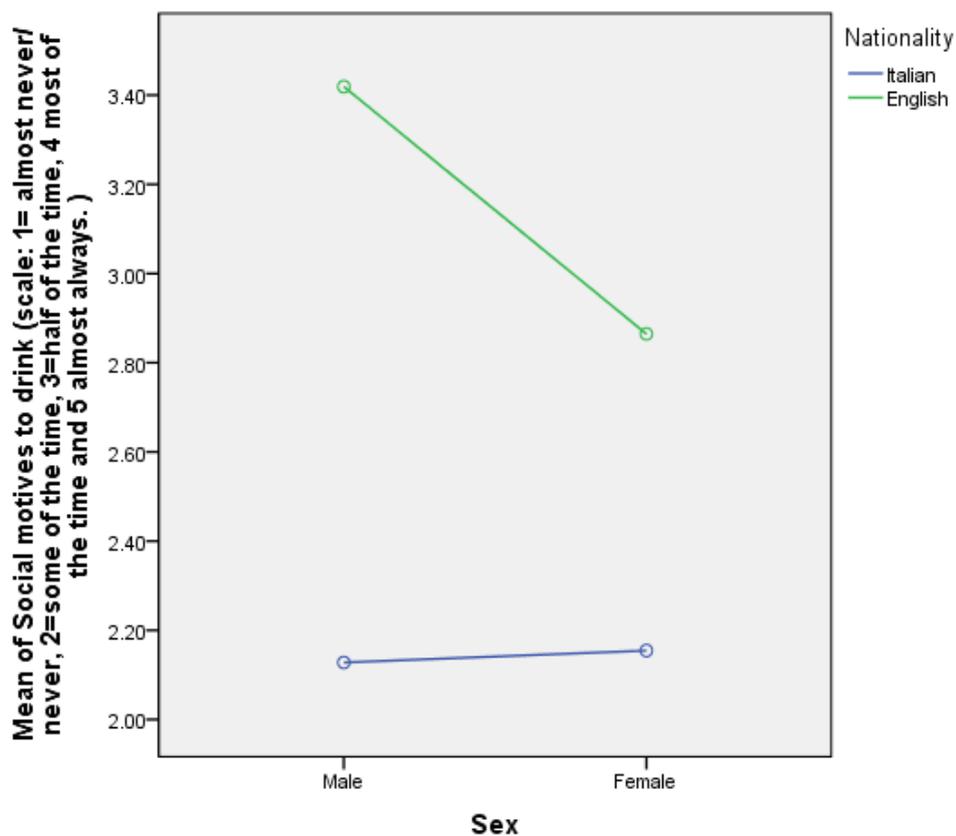
As shown in Figure 9, there was a significant difference between males and females in the

English sample only, with males scoring significantly higher than females on Social motives t

(87) = 2.31, p= .023*. There was no significant gender difference in the Italian sample. Also,

there was a significant difference between the English and the Italians in both male t (87) =

2.31, p= .023* and female t (192) = 5.83, p= .001*** samples suggesting that English males

were higher in score on social motives to drink in comparison with Italian females and

English females (see table 17 for means and standard deviations).

Figure 12 (4.0): A line graph depicting the interaction between nationality and sex on Enhancement motives to drink
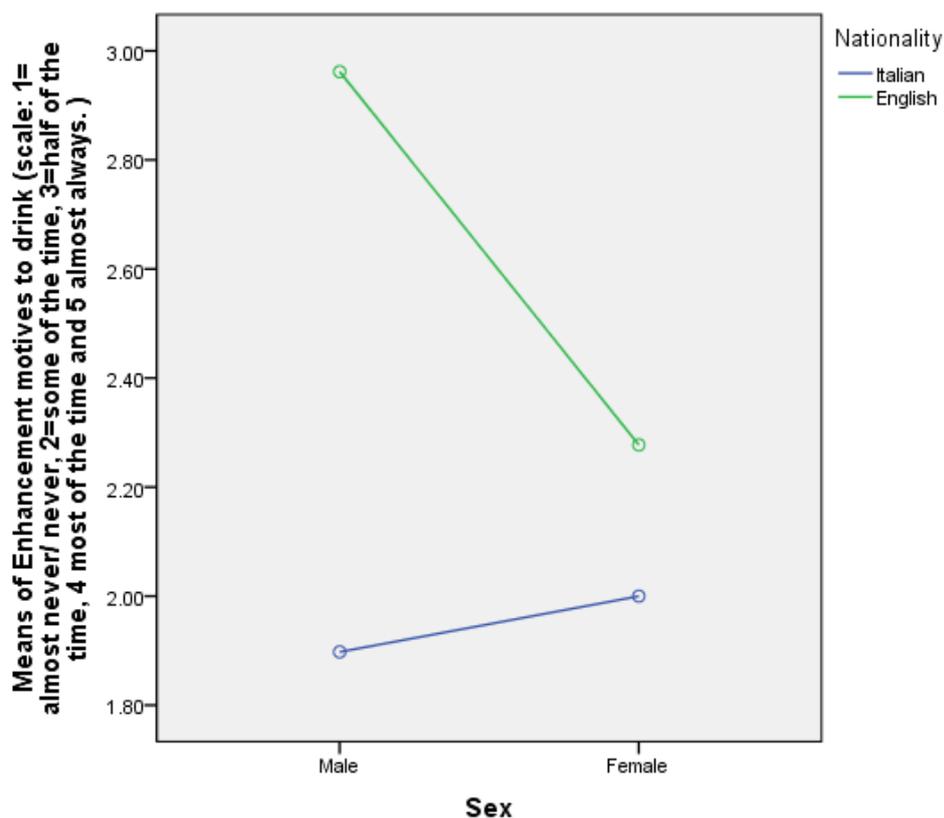
The line graph indicates that English males score significantly higher on the Enhancement

motives scale in comparison to English females' t (192) = 2.62, p= .010*and Italian males t

(111) = 5.36, p= .001*** (see table 16 for means and standard deviations). English females

additionally scored significantly higher than Italian females t (192) = 2.46, p= .015*.

However, there was no gender differences present in the Italian sample.

Figure 13 (4.0): A line graph depicting the interaction between nationality and sex on Conformity motives to drink
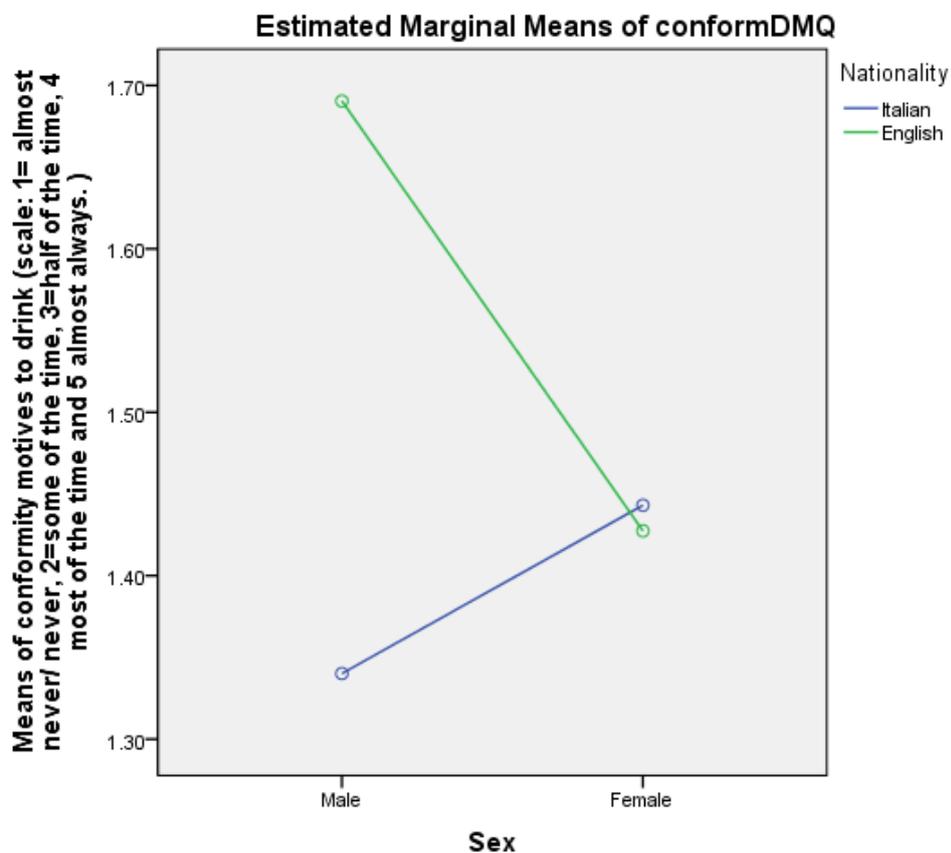
The graph above clearly shows that there was no significant difference between English and

Italian females on Conformity to drink, however there was a significant difference between

English and Italian men, with the first scoring higher than the latter, indicating that for

English males' drinking to conform is more important than for Italian males, t (111) = 2.45,

p= .016 (see values below). English men scored also significantly higher than English females

on the Conformity scale (see table 18).

Table 18 (4.0): T-test table illustrating differences between Italian and English males on alcohol drinking motives

Motives	Italian Males Mean (SD)	English Males Mean (SD)	T-test
N	90	23	
Social	2.14 (.82)	3.44 (.93)	t (111) = 6.58, p= .001***
Enhancement	1.89 (.81)	2.96 (.96)	t (111) = 5.36, p= .001***
Coping	1.50 (.62)	1.90 (.80)	t (111) = 2.37, p= .004**
Conformity	1.36 (.50)	1.64 (.57)	t (111) = 2.45, p= .016*

Drinking Motives Scale: 1= almost never/ never, 2=some of the time, 3=half of the time, 4 most of the time and 5 almost always.

*P < 0.05 P < 0.01** P < 0.001***

In summary results show in all factors Italian males scored significantly lower than English

males in all motives to drink.

Table 19(4.0): T-test table illustrating differences between Italian and English females on alcohol drinking motives

Motives	Italian Females Mean (SD)	English Females Mean (SD)	T-test
N	128	66	
Social	2.16(80)	2.91 (.95)	t (192) = 5.83, p= .001***
Enhancement	1.98 (.89)	2.33 (.99)	t (192) = 2.46, p= .015*
Coping	1.61 (.65)	2.04 (1.00)	t (192) = 3.16, p= .002**
Conformity	1.44 (.52)	1.43 (.65)	t (192) = .23, p= .822

Drinking Motives Scale: 1= almost never/ never, 2=some of the time, 3=half of the time, 4 most of the time and 5 almost always.

*P < 0.05 P < 0.01** P < 0.001***

English females were higher on motives to drink in comparison to Italian females on 3

factors; Social (t (192) = 5.83, p= .001), Enhancement (t (192) = 2.46, p= .015) and Coping (t (192)

= 3.16, p= .002). This suggests that English females find the aforementioned motivations to

drink more important than Italian females.

The next set of t-tests look at English males and females as well as Italian males and females

in order to determine what differences are present on their motives to drink (See below

table 20).

Table 20 (4.0): T-test table illustrating differences between English females and males on alcohol drinking motives

Motives	English Males Mean (SD)	English Females Mean (SD)	(ENG Males v ENG females)
N	23	66	
Social	3.44 (.93)	2.91 (.95)	t (87) = 2.31, p= .023*
Enhancement	2.95 (.96)	2.33 (.98)	t (192) = 2.62, p= .010*
Coping	1.90 (.78)	2.90 (.99)	t (192) = -.620, p= .53
Conformity	1.64 (.87)	1.42 (.65)	t (192) = 1.28, p= .21

Drinking Motives Scale: 1= almost never/ never, 2=some of the time, 3=half of the time, 4 most of the time and 5 almost always.

 *P < 0.05 P < 0.01** P < 0.001***

English males scored significantly higher on Social t (87) = 2.31, p= .023, and Enhancement t

(192) = 2.62, p= .010 motives in comparison to English females. This suggests that drinking for

the effects (pleasant feeling and causing excitation) and social reasons (aiding a person to

enjoy a social situation and be sociable) was more important to English males than female.

The next table (21) depicts the results for Italian males and females on differences in

drinking motives.

Table 21 (4.0): T-test table illustrating differences between Italian males and females on alcohol drinking motives

Motives	Italian Males Mean (SD)	Italian Females Mean (SD)	T-test (ITA Males v ITA females)
N	90	128	
Social	2.14 (.82)	2.16 (.80)	t (216) = -.13, p= .90
Enhancement	1.90 (.82)	2.00 (.89)	t (216) = -.77, p= .44
Coping	1.50 (.54)	1.62 (.65)	t (216) = -1.47, p= .14
Conformity	1.36 (.34)	1.44 (.52)	t (216) = -1.31 p= .16

Drinking Motives Scale: 1= almost never/ never, 2=some of the time, 3=half of the time, 4 most of the time and 5 almost always.

*P < 0.05 P < 0.01** P < 0.001***

As opposed to the English sample, Italian males and females were not significantly different on their scores on any of the motives to drink for Social, Enhancement, Conformity, or Coping reasons.

4.4.5 Differences in motivation to drink between binge drinkers and non-binge drinkers

Binge and non-binge drinkers were analysed by splitting nationality due to the differences in sample size. The results are as follows

Leven's test of Homogeneity of variance

A MANOVA was utilised to test mean difference in both nationalities in order to see if binge differed from non-binge drinkers on their drinking motives. In the Italian cohort Levene's test for homogeneity of variance was observed and all factors of the drinking motives were not significant, therefore homogeneity was assumed. Levene's for the English factors were all non-significant except for one Coping which was on the threshold of significance.

4.4.5.1 Italian sample

The MANOVA was statistically significant with a weak effect; Pillai's trace= .03 F (4, 302) =

2.30, p= .05, η^2= .03 suggesting there was an overall difference between binge and non-

binge drinkers. To determine how the drinking motives, differ in binge and non-binge

drinkers' a between-subjects' effects GLM ANOVA was computed. The results are as follows

below.

Table 22 (4.0): ANOVA table depicting main effects on the drinking motives in the Italian binge and non-binge drinkers.

Italian Motives	Binge Mean (SD)	Non-Binge Mean (SD)	ANOVA **(Binge vs Non-Binge)**
N	**69**	**149**	
Social	1.97 (.82)	2.23 (.82)	F (1, 207) = 5.36, p= .023*
Enhancement	1.50 (.60)	1.60 (.63)	F (1, 207) = 1.86, p= .158
Coping	1.83(.83)	2.01 (.87)	F (1, 207) = 1.29, p= .256
Conformity	1.27 (.50)	1.47 (.49)	F (1, 207) = 8.62, p= .004**

*Drinking Motives Scale: 1= almost never/ never, 2=some of the time, 3=half of the time, 4 most of the time and 5 almost always; *P < 0.05 P < 0.01** P < 0.001****

Social, F (1, 207) = 5.36, p= .023; and Conformity Motives F (1, 207) = 8.62, p= .004 were

found to be significantly different between the two binge groups. Mean scores (see table

above) suggested that social and conformity reasons were more important for Italian non-

binge drinkers in comparison to Italian binge drinkers.

4.4.5.2 English sample

A between-subjects GLM test was performed on the English sample to explore differences

and interactions.

Table 23 (4.0): ANOVA table depicting main effects on the drinking motives in the English binge and non-binge drinkers.

English	Binge	Non-Binge	ANOVA **(Binge vs Non-Binge)**
Motives	Mean (SD)	Mean (SD)	
N	40	49	
Social	3.28 (1.02)	2.87 (.89)	F (1, 87) = 4.05, p= .047*
Enhancement	2.33 (1.02)	1.75 (.79)	F (1, 87) = 7.31, p= .008**
Coping	2.81 (1.17)	2.24 (.79)	F (1, 87) = 9.28, p= .003**
Conformity	1.54 (.83)	1.42 (.61)	F (1, 87) = .618, p= .434

Drinking Motives Scale: 1= almost never/ never, 2=some of the time, 3=half of the time, 4 most of the time and 5 almost always.

*P < 0.05 P < 0.01** P < 0.001***

Social motives to drink were higher in binge drinkers (F (1, 87) = 4.05, p= .008**; x̄ =3.28)

than in non-binge (x̄ =2.87), this is opposite to the findings in Italian sample. Furthermore,

coping motives (drinking to cheer up from a bad mood, forget worries and feelings of

nervousness of depressed mood) were significantly higher in the English binge drinking

sample, F (1, 87) = 9.28, p= .003 than non-binge, however Levene's test for Coping was

violated therefore Brown and Forsythe is reported, F (8.82, 72.56) = 8.82, p= .004. This

result is more in keeping with binge drinking as an internal negative motivation. Finally,

Enhancement was significantly higher in binge drinkers' F (1, 87) = 7.31, p= .008** in

comparison to non-binge drinkers (see table 23 for means and standard deviations).

To examine nationality together on binge and non-binge drinkers a MANOVA and

subsequent ANOVAs were utilised to look for interaction effects (table 23). The MANOVA

was significant; Pillai's trace= .04 F (4, 300) = 2.97, p= .02, η²= .038 which allowed further

inspection of nationality (binge and non-binge drinkers) on the <mark>4 motives</mark> to drink alcohol.

Furthermore, the opposite was seen in English respondents. Levene's for the factors were

all non-significant, therefore the assumption of equal variance was fulfilled, the results of

the ANOVA are as follows.

Table 24 (4.0): ANOVA and descriptives table depicting nationality and drinking type on Motives to drink Alcohol

	Italian		English		ANOVA
	Non-binge drinkers	Binge Drinkers	Non-binge drinkers	Binge Drinkers	Binge and non-binge*Nationality
N	149	69	40	49	
Social	2.23 (.82)	1.96 (.75)	2.86 (1.00)	3.28 (1.02)	F (1, 307) = 9.55, p= .002**
Enhancement	2.01 (.87)	1.83 (.83)	2.24 (.78)	2.81 (1.17)	F (1, 307) = 10.13, p= .002**
Coping	1.60 (.60)	1.49 (.63)	1.74 (.78)	2.33 (1.01)	F (1, 307) = 14.12, p=.001***
Conformity	1.47 (.50)	1.28 (.52)	1.42 (.83)	1.55 (.71)	F (1, 307) = 5.02, p= .026*

Drinking Motives Scale: 1= almost never/ never, 2=some of the time, 3=half of the time, 4 most of the time and 5 almost always.

*P < 0.05 P < 0.01** P < 0.001***

The results suggested that there was a significant interaction between binge and non-binge

drinkers and nationality on all motives. Binge drinkers scored higher than non-binge drinkers

in Social, Coping, Enhancement, and Conformity in the English cohort, but not in the Italian

one. the opposite was exhibited in Italian binge drinkers as they scored significantly lower

than the <mark>non-binge</mark> drinkers on Social and Conformity. To visualise this information a set of

line graphs (14, 15, 16 & 17) follows depicting the interaction effects of binge and on binge

drinkers in Italian and English respondents. The results for each will be displayed separately

under each line graph on the following pages.

Figure 14 (4.0) A line graph depicting the interaction between nationality and Drinking type (Bine and non-binge) on Social motives to drink
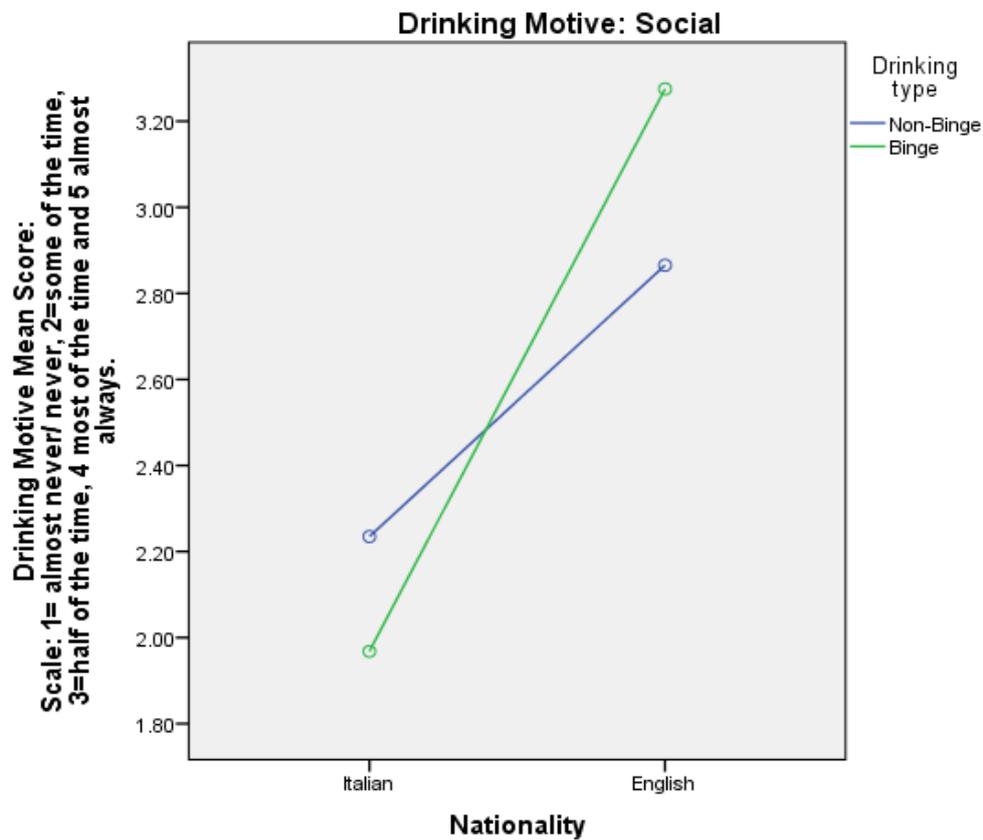
English binge drinker scored significantly higher (F (1, 307) = 9.55, p= .002**) in social

motives to drink in comparison to English non-binge drinkers as shown in table 23. The

reverse was found in Italian sample with non-binge drinkers scoring significantly higher in

social motives than binge drinkers (see table 24).

Figure 15 (4.0) A line graph depicting the interaction between nationality and Drinking type (Bine and non-binge) on Enhancement motives to drink
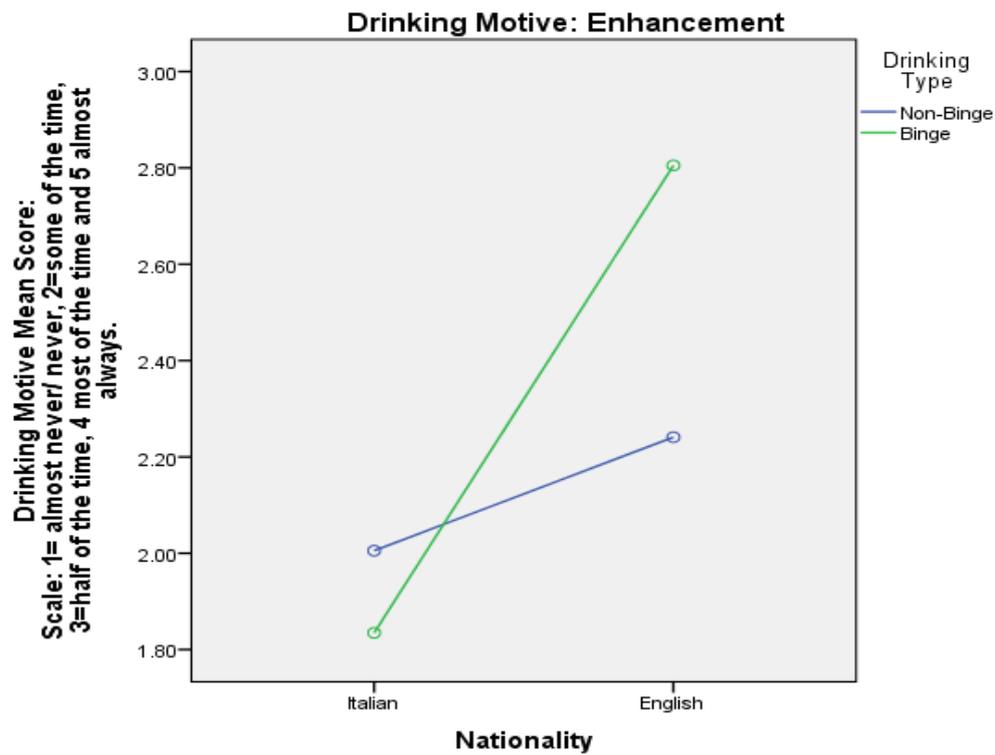
English binge drinkers show a significant difference in enhancement motives in comparison to non-binge drinkers (F (1, 307) = 10.13, p= .002**; see table 24). There is no significant difference between Italian binge and non-binge drinkers.

Figure 16 (4.0) A line graph depicting the interaction between nationality and Drinking type (Bine and non-binge) on Coping motives to drink
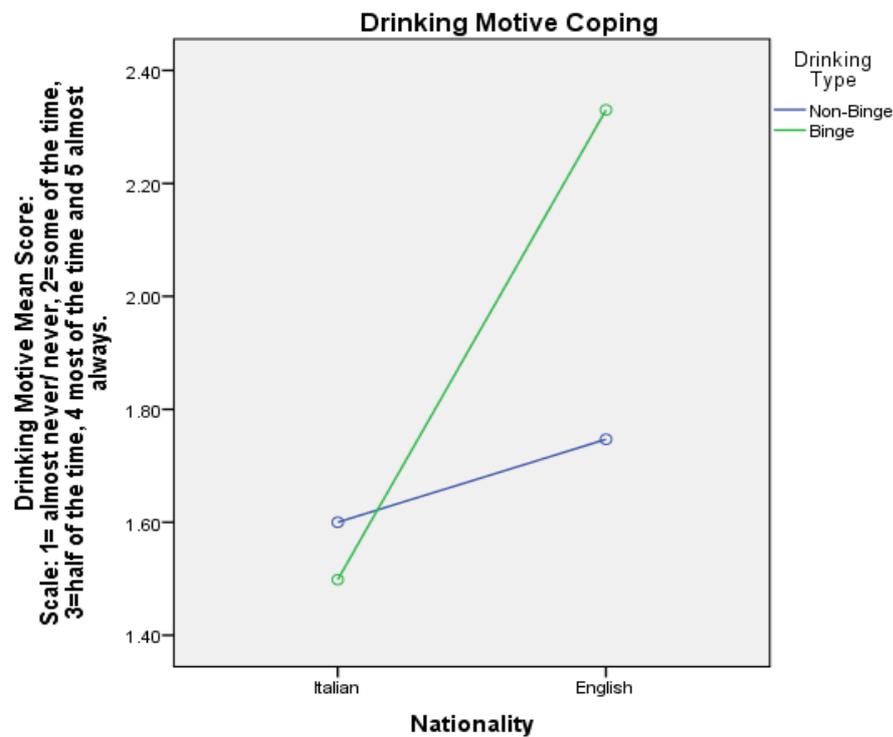
A significant difference was found between English binge and non-binge drinkers on

drinking to cope (F (1, 307) = 14.12, p=.001***). English binge drinkers scored higher in

coping motives than non-binge drinkers (see table 24). There was no significant difference

between Italian binge and non-binge drinkers.

Figure 17 (4.0) A line graph depicting the interaction between nationality and Drinking type (Bine and non-binge) on Conformity motives to drink
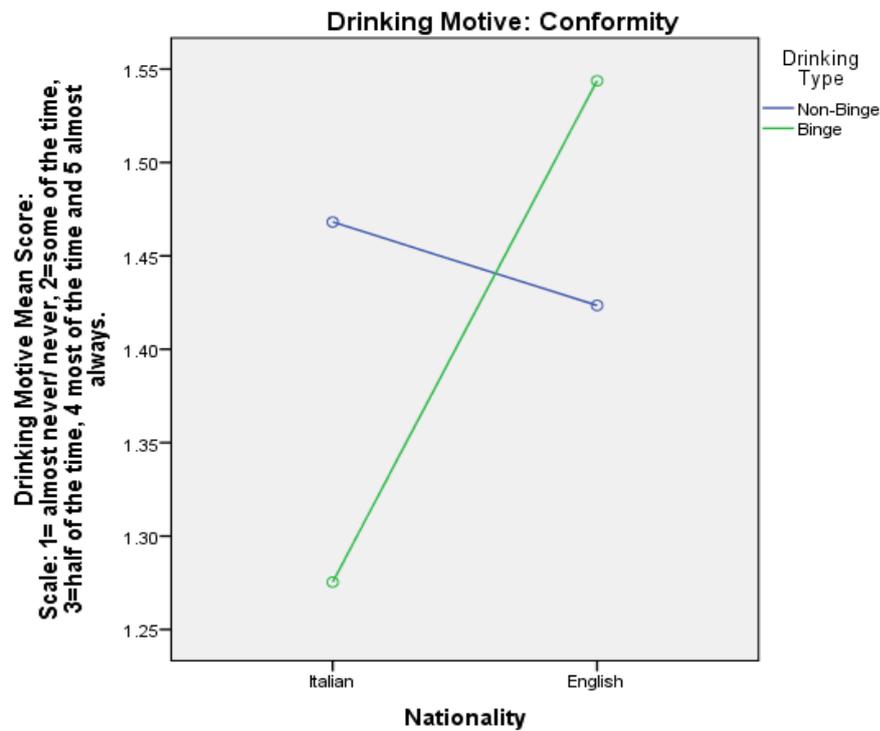
There was an interaction effect on coping with Italian non-binge drinkers scoring significantly higher on conformity motives in comparison to binge drinkers (F (1, 307) = 5.02, p= .026*). English binge and non-binge drinkers had no significant differences in score (See table 24).

To further explore binge and non-binge drinking in Italian and English respondents separately on motives and alcohol intake a biserial correlation was justified via the findings of this section. The analysis is presented in section 4.5 biserial relationships (p237).

4.4.6 Witnessing parents drunk, and alcohol use.

Analysis was carried out on witnessing parents drunk or not and whether this shows a difference in overall unitary alcohol intake. Therefore, a one-way ANOVA was utilised to examine this. The first analysis focuses on the whole sample and approximate weekly unitary alcohol intake.

Table 25 (4.0): ANOVA and descriptives table depicting witnessing parents drunk or not weekly unitary alcohol intake.

All sample (Italian and English)	Witnessing parents' drunk Mean (SD)	Not witnessing parents' drunk Mean (SD)	ANOVA **(witnessing vs not witnessing)**
N	89	201	
Weekly Alcohol unitary intake	18.11 (13.72)	12.83 (10.59)	F (1, 290) = 12.69, p= .001***

*P < 0.05 P < 0.01** P < 0.001***

Overall there was a statistically significant result, F (1, 290) = 12.69, p= .001***. As seen in table (25) those who witnessed their parents drunk at least once within their lifetime had a higher weekly consumption in units (x̄ =18.72) (as measured by the AUQ) in comparison to those who did not (x̄ =12.83). This was further explored split by nationality.

4.4.6.1 Italian sample

The Italian sample were examined on whether there were differences in witnessing parents drunk against weekly alcohol unitary intake (table 26). Levene's test for homogeneity of variance was observed and was not significant. Therefore, homogeneity was assumed

Table 26 (4.0): ANOVA and descriptives table depicting witnessing parents drunk or not weekly unitary alcohol intake amongst Italians.

Italian	Witnessing parents' drunk Mean (SD)	Not witnessing parents' drunk Mean (SD)	ANOVA **(witnessing vs not witnessing)**
N	33	175	
Weekly Alcohol unitary intake	16.66 (13.22)	13.09 (10.09)	F (1, 208) = 2.77, p= .013*

*P < 0.05 P < 0.01** P < 0.001***

Overall there was a significant main effect of whether Italians witnessed their parent drunk or not and their alcohol intake (In units), with those who had witnessed their parents drunk consuming higher alcohol units per week (x̄ =16.66) than those who did not witness their parents drunk (x̄ =13.09) in their lifetime.

4.4.6.2 English sample

The English sample was analysed on witnessing parental intoxication or not in relation to unitary intake <mark>(see, table 27 below)</mark>. The mean and standard deviations are displayed below in the ANOVA table with a summary of the findings.

Table 27 (4.0): ANOVA and descriptives table depicting witnessing parents drunk or not weekly unitary alcohol intake amongst English.

English	Witnessing parents' drunk Mean (SD)	Not witnessing parents' drunk Mean (SD)	ANOVA **(witnessing vs not witnessing)**
N	56	26	
Weekly Alcohol unitary intake	18.98 (14.04)	11.14 (8.00)	F (1, 82) = 6.99, p= .01*

*P < 0.05

The ANOVA suggested that there was a significant difference between witnessing and not witnessing parents drunk alongside alcohol unitary intake. However, caution must be

employed as Levene's test was significant and therefore homogeneity of variance cannot be

assumed. Therefore, a non-parametric was computed to check the result. A Browne-

Forsythe a robust test for equality of means was computed and a significant difference was

found $F_{(1, 76.49)}$ 10.23, $p=.002$**. This suggests that there was a reliable difference

between English respondents that had witnessed their parents drunk having a higher

alcohol intake ($\bar{x}$ =18.98) than those who had not ever witnessed their parents drunk in their

lifetime ($\bar{x}$ =11.14).

4.5 Bi-variate association between Motives to drink, weekly alcohol consumption, binge drinking perceived parental supervision (PPS) and perceived parental attitude (PPA) split by nationality.

Relationships were explored between Italian and English respondents on their motivations

towards drinking in relation to alcohol quantity and binge score. Furthermore, perceived

parental supervision (PPS) and parental attitude towards drinking (PPA) were tested to

observe if there is a relationship between quantity, binge, and motivations. The means and

standard deviations are displayed in the tables below (Table 28 & 29).

Table 28 (4.0): Descriptive statistics table of means and standard deviations of Italian respondents on PPA, PPS, Binge drinking, Quantity of alcohol in units and motives scores

Italian	Mean	Std. Deviation	N
Social	2.15	0.81	218
Enhancement	1.95	0.86	218
Coping	1.57	0.61	218
Conformity	1.41	0.46	218
PPS	1.35	0.39	265
PPA	3.06	1.21	265
Quantity (AUQ)	13.80	11.45	218

Binge (AUQ)	17.22	12.86	218

*Perceived parental attitude towards drinking scale: 1=*strongly opposed, 2=moderately opposed, 3=indifferent, 4=accepts in family, 5=approves in general and 6=not applicable** Perceived parental supervision: *1=always, 2=sometimes, 3=never, 4=don't know**Drinking Motives scale: *1= almost never/ never, 2=some of the time, 3=half of the time, 4 most of the time and 5 almost always.*

Table 29 (4.0): Descriptive statistics table of means and standard deviations of English respondents on PPA, PPS, Binge drinking, Quantity of alcohol in units and motives scores

English	Mean	Std. Deviation	N
Social	3.05	0.97	89
Enhancement	2.49	1.01	89
Coping	2.01	0.94	89
Conformity	1.48	0.72	89
PPS	1.82	0.55	123
PPA	2.94	1.23	123
Quantity (AUQ)	16.44	12.92	89
Binge (AUQ)	22.27	13.39	89

*Perceived parental attitude towards drinking scale: 1=*strongly opposed, 2=moderately opposed, 3=indifferent, 4=accepts in family, 5=approves in general and 6=not applicable** Perceived parental supervision: *1=always, 2=sometimes, 3=never, 4=don't know**Drinking Motives scale: *1= almost never/ never, 2=some of the time, 3=half of the time, 4 most of the time and 5 almost always.*

4.5.1 Italian sample

Table 30 shows the relationship found in a biserial correlation. Within drinking motives there are positive relationships between Enhancement (positive Internal) and Social (positive external) in the Italian drinkers r= .686, p=001. Furthermore, Coping (negative internal) and Conformity (negative external) have a medium significant positive relationship r=.484, p=001 this would suggest that as coping drinking increases within the respondent population so does conformity. However, there is a strong positive relationship between Coping and Social r=.688 p=.001 which further suggests that coping drinking is related to social and enhancement r=.540 p=001 within the cohort.

Regarding mean sores in Coping ($\bar{x}$ =1.57) and Conformity ($\bar{x}$ =1.45) it is important to note that there is an indication of never/almost never. This suggests that coping is not used necessarily as a motive amongst Italian participants.

Perceived supervision scores elicited a significant positive relationship with Social suggesting that as parental supervision was lowered that social motives were rated as higher (r=.167, p=.01) however this was a very weak relationship. PPS was also significantly related to coping, r=.224, p=.001 suggesting that as parental supervision was perceived as low, coping as a motive to drink raised.

AUQ quantity and binge drinking was correlated against PPS, PPA and the 4 drinking motives. The only relationship that was present for binge drinking was related to Conformity r=-.130, P=.042, this was a negative weak relationship that indicated as binge drinking increases Conformity motives to drink decrease. Finally, quantity of weekly alcohol intake in units showed a significant positive relationship with Social (r=.201, p=.003) and Enhancement (r=.212, p=.002) motives. Furthermore, there was a weak positive relationship with increasing quantity and coping motives to drink alcohol r=.161, p=.018. The correlation tables are presented over the next two pages for Italians (table 29) and English (table 30).

Table 30 (4.0): Correlation table of relationships of Italian respondents on Motivations towards drinking and alcohol quantity as well as binge

	Social	Enhancement	Coping	Conformity	PPS	PPA	AUQ Quantity	AUQ Binge
Social	1							
Enhancement	.686**							
Coping	.688**	.540**						
Conformity	.440**	.324**	.484**					
PPS	.167*	.092	.224**	.048				
PPA	.000	-.025	-.003	.014	.077			
AUQ Quantity	.201**	.212**	.161**	138*	.031	-.190**		
AUQ Binge (score)	-.051	.018	-.018	-.014-.	.060	.040	-.019**	1

*P < 0.05 P < 0.01** P < 0.001***

4.5.2 English sample

Within drinking motives there is a strong negative relationship between Coping and Social motives r=-.547, p=.001. This is indicative towards social drinking and suggests that coping drinking is not necessarily related to positive external and negative internal states (social and conformity). Therefore, this is an important relationship as it validates the behaviour that drinking to cope in this sample is not related to positive external motives (social). Enhancement and social motives were significant and correlated positively with a strong relationship r=.713, p=.001. Conformity and coping were correlated positively with a medium relationship r=.494, p=.001 as were conformity and social motives r=.409, p=001.

Perceived parental attitude (PPA) was positively correlated to Enhancement (r=271, p=.013) and Coping (r=.259, p=018) motives which suggested that as parental approval becomes more positive towards alcohol drinking, enhancement becomes more important and coping motives are rated higher. However social motives showed no relationship with PPA which would usually be present. Furthermore, there was no relationship with perceived parental supervision (PPS) and any of the motives to drink (see table 31).

Binge and weekly consumption (in units) correlated to drinking motives. There was evidence of a medium positive relationship with Coping (binge r=.367, p=.001) motives and weekly alcohol consumption (r=.304, p=.004). This finding suggests that as drinking quantity and binge increased in the sample, coping motives within the English respondents increased. Enhancement motives were positively correlated with binge drinking score (r=.334, p=.004) which suggested that enhancement of an individual's situation was linked to binge drinking score rise. This relationship was seen with enhancement and weekly consumption in units, although this was a weaker positive relationship (r=.229, p= .031). Finally, weaker

relationships were associated positively on social motives with binge (r=.251, p=.018) and

quantity (r=.236, p=.026) of alcohol (in units). This suggests there is a possible relationship

overall for the English sample on binge drinking and weekly unitary intake in relation to

social, enhancement and coping motives. This result warranted further investigation using

regression analysis to test if these relationships were truly predictive of weekly alcohol

consumption and binge drinking scores.

Table 31 (4.0): Correlation table of relationships of English respondents on Motivations towards drinking and alcohol quantity as well as binge

	Social	Enhancement	Coping	Conformity	PPS	PPA	AUQ Quantity	AUQ Binge
Social	1							
Enhancement	.713**							
Coping	-.547**	.494**						
Conformity	-.409**	.045	.328**					
PPS	-.30	.035	.020	.132				
PPA	.127	.271**	.259*	-.063	.108			
AUQ Quantity	.236*	.229*	.367**	.138	-.188	-.162		
AUQ Binge (score)	.251*	.334**	.304**	.012	-.012	.130	.179	1

*P < 0.05 P < 0.01** P < 0.001***

4.6 Predicting alcohol quantity and frequency (binge) with motivations to drink alcohol in Italian and English respondents

A multiple regression analysis was employed to inspect if the motives to drink predicted alcohol use in units (weekly consumption) and binge drinking score. In the English sample, relationships were found between binge and unitary weekly consumption and social, enhancement and coping motives. The Italian sample elicited a positive relationship between weekly alcohol consumption in units and social, enhancement and coping.

Diagnostic tests were implemented to assess the regression model. Field (2009) and Tabachnick & Fidell (2007) suggest examining residual and influential cases. This was performed as residuals represent difference of the observed and predicted values. Therefore, a good model fit will have small residual values (Field, 2009). Z scores were computed using SPSS as a function of adding them into the GUI matrix and therefore are easier to inspect. Tabachnick & Fidell recommend that 99% of residuals fall between -3.29 and +3.29. Careful inspection was performed, and no outlaying Z scores were present.

Further steps were incorporated in examining the variance inflation factor (VIF). This was implemented to check if any issues of multicollinearity were present. Hair (2010) suggest that a maximum level of 10 is acceptable, however the rule that was followed was Pan & Jackson's (2008) maximum level of 4. Variance inflation factor was recorded at VIF = 1.28-2.17- in the Italian and VIF = 1.00 for all outcomes in the English sample. Therefore, the statistics were not in violation of multicollinearity. Durbin Watson (Field, 2009) was implemented to examine for independent errors. Field (2009) argues that a positive relationship will exceed the value of 2 and negative below 2. It is considered that below 1 and above three are problematic (Field, 2009). For both Italian and English models' values

of; dL=2.07 (English Quantity) dL= 1.96 (English frequency) and dL= 1.83 were present in the regression output. Therefore, this indicated that residuals were not inter-correlated. Finally, *ZRESID and ZPRED were comprised using a scatterplot to check for linearity and homoscedasticity. Osbourne & Waters (2002) and Osbourne (2003) suggest that if the residuals have a similar variance then linearity cannot be assumed in relation to the predictors. Therefore, to examine homoscedasticity visual examination of a scatter plot must be carried out (see figures 18, 17 & 18). Furthermore, histograms and P-P plots were checked for normality using Field's (2009) 'illustrations of normally assumed histogram examples' of normal, as well as, abnormal P-P plots. These diagnostic techniques depicted that there was heteroscedasticity in both. A more robust version of regression employs a Heteroscedasticity- consistent model. This was selected by using Hayes & Cai's, (2007) correction (see Appendix: VI for the syntax Model: HCREG). This is important to implement to inspect if the significance would be constant to the adjusted standard errors that are in the HCREG model for estimating OLS (ordinary least squares) regression but with heteroscedasticity-constant standard errors (Hayes & Cai, 2007). The HCREG syntax was utilised as there is an importance to imply that variance in errors are unrelated to any predictor or linear combination of the predictor variables.

Figure 18 (4.0) A Scatterplot illustrating the relationship between Standardised predicted values and standardised residuals for alcohol use quantity for the Italian model quantity.

outcome variable: Alcohol Use Quantity

Nationality: Italian
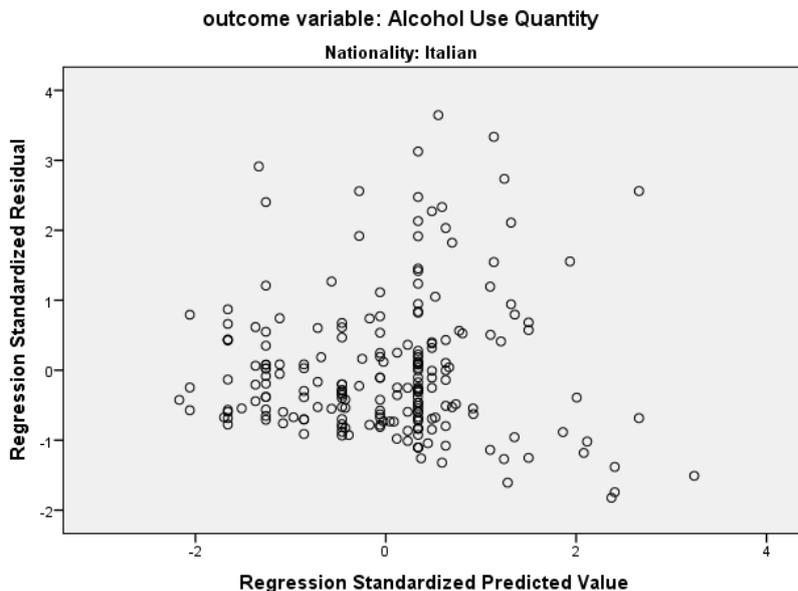
Figure 19 (4.0) A Scatterplot illustrating the relationship between Standardised predicted values and standardised residuals for alcohol use quantity for the English model quantity.

Outcome Variable: Alcohol Use Quantity

Nationality: English
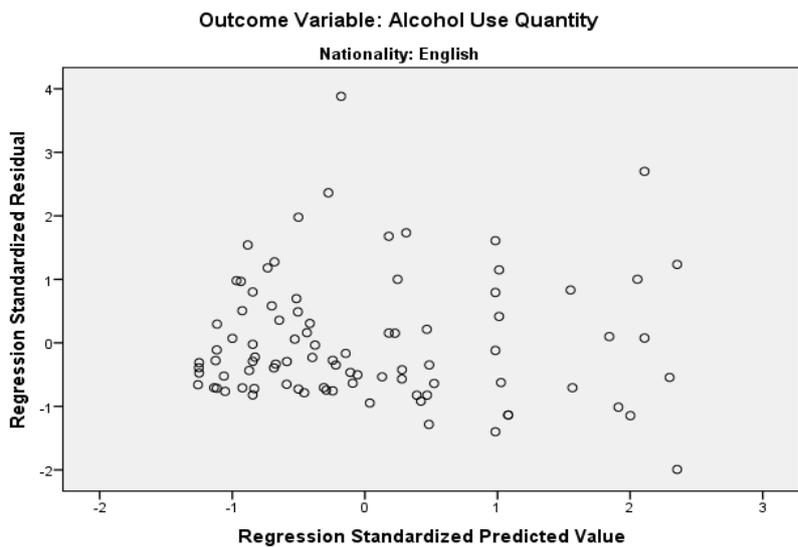
Figure 20 (4.0) A Scatterplot illustrating the relationship between Standardised predicted values and standardised residuals for alcohol use quantity for the English Model Binge.
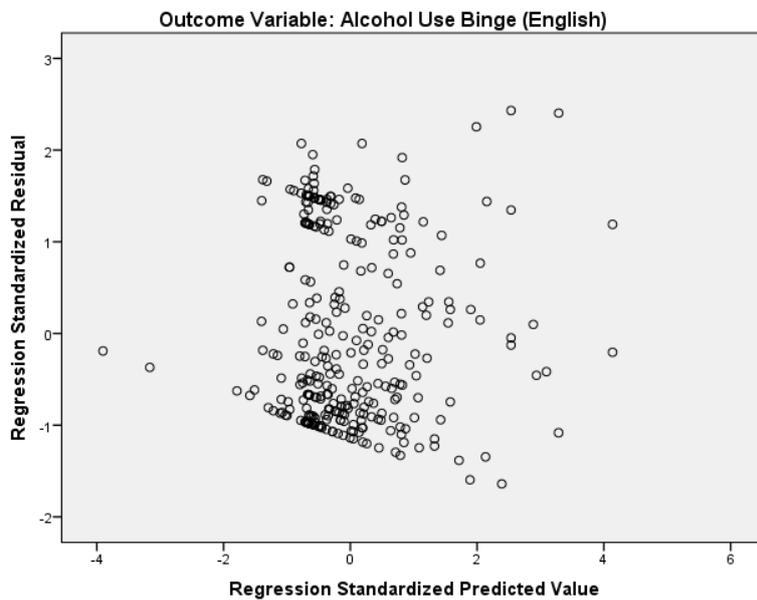
4.6.1 Summary of the results for multiple regression

The results of the regression are displayed in table 32 for the Italians, and tables 33 & 34 for the English along with a summary of the outcomes under each table.

Table 32 (4.0): Tabulated results of multiple regression using indicator variables; motives to drink to predict alcohol use in quantity in Italian respondents.

N=218	B	SE B	B
Constant	9.57	2.73	
Social	1.70	1.52	0.12
Enhancement	1.83	1.22	0.13
Coping	1.42	1.79	0.08
Conformity	-3.69	1.91	-0.15 *

p < 0.05; ** *p* < 0.01; *** *p* < 0.001

An 'enter' method was used for the multiple regression and it was conducted to examine if the 4 factors of motivation predicted weekly alcohol use (units) by Italian respondents. A significant regression equation was found ($F_{(4, 217)}$, 3.85, p=.005) with an overall model fit

of 5 %, R^2=.26, ΔR^2=. 050, suggesting that, conformity motives (β = -.148, p=05) predict a

negative relationship for weekly alcohol intake. Therefore, Italian respondents signified that

as conformity rises, drinking intake decreases. The next result will be displayed for the

English respondents in table 33.

Table 33 (6.0): Tabulated results of multiple regression using indicator variables; motives to drink to predict weekly alcohol use in units in English respondents.

N=88	B	SE B	β
Constant	4.60	4.55	
Social	0.05	2.31	0.01
Enhancement	0.89	2.06	0.07
Coping	4.47	1.73	0.33*
Conformity	0.55	2.23	0.07

$p < 0.05$; $** p < 0.01$; $*** p < 0.001$

The results in the table 33 display the outcome of a multiple regression. An 'enter' method

was employed to input the factors. This inferential was conducted to examine if any of the 4

factors of motivation predicted weekly alcohol intake (units) of English respondents. A

significant regression equation was found (F (4, 88), 3.38, p=.012) with an overall model fit

of 14 %, R^2=.37, ΔR^2=. 14. One factor was significant amongst the motives. Drinking to cope

(β =.33, p=.012) predicted a positive relationship with alcohol units. This suggests that in the

English cohort as coping motives rise (drinking to forget worries and to alleviate negative

affect) Weekly alcohol consumption rises. The following set of results examine binge

drinking and motives to drink for English drinkers only as there were no significant results

regarding Italian binge drinker (see table 34 on the next page).

Table 34 (6.0): Tabulated results of multiple regression using indicator variables; motives to drink to predict binge drinking (frequency) in English respondents.

N=89	B	SE B	B
Constant	15.94	2.47	
Social	.13	1.30	-0.01
Enhancement	1.44	1.16	0.10
Coping	3.09	1.80	0.21*
Conformity	-1.21	2.30	-.07

$p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

The final analysis observed using regression for the English cohort was highlighted in the previous correlation section in which the Enhancement, Social and Coping factors had a positive relationship with binge scores. When inputting the variables an 'enter' method was used for the multiple regression as there was no hypothesised order. The multiple regression was conducted to examine if the four-factor model of motivation predicted binge drinking score (the higher the score the higher the binge drinking that occurs in one session). A significant regression equation was found (F (4, 88), 4.51, p=.002) with an overall model fit of 5.6 %, R^2=.24, ΔR^2=. 056, regarding coping motives to drink (F (4, 88), 2.36, p=.019). The outcome suggests that coping motives rise with binge scores. Therefore, coping motives suggest a predictive positive relationship with binge drinking and sits alongside weekly alcohol intake (see the previous section on regression for drinking motives and weekly alcohol intake).

4.7 Discussion

This study aimed at exploring whether nationality, gender, and perceived family supervision influence motives to drink (Cooper, 1995, Cox and Klinger, 1988) and whether these affect alcohol drinking behaviours in Italy and England. The study implications and relation to future research as well as application to theory and policy are fully explained in chapter 7 (p323). However, the general findings will be briefly discussed in this section.

4.7.1 Nationality, Sex, and drinking motives in relation to alcohol unitary intake

Interestingly, the present study identified a difference in drinking patterns between the Italian and English sample, specifically, the English reported a significantly higher binge score in comparison to the Italians, but there was no significant difference in weekly alcohol consumption. This finding indicates a different drinking pattern, whereby the Italian participants tended to distribute the drinking more evenly throughout the week, whereas English respondents were more likely to drink in a binge fashion. This finding is in line with the qualitative findings presented in Chapter 3. The present study has identified national differences in drinking motives between English and Italians and confirmed the relationship between alcohol drinking motives and levels of alcohol intake.

First, it is important to notice that the order of importance of drinking motives was in line with previous research (Kuntsche et al., 2014; Kuntsche et al., 2015) and consistent across Italy and England, with Social then Enhancement being the most highly related, followed by Coping and finally with the lowest motive Conformity. This adds further support and validation to the Drinking Motives Questionnaire (DMQ, Cooper, 1995). In addition, the

results from the section on correlation (Sections 4.6; 4.6.2) showed that motives positively

reinforced each other in both the Italian and English samples, the reliability of the

questionnaire was therefore upheld (Crutzen, et al., 2013).

There were clear differences between nationality in terms of motives to drink. Overall,

scores on Social, Enhancement and Coping motives were significantly higher for the English

respondents in comparison to the Italian ones. The only dimension that showed no

significant difference was Conformity.

It was found by Kuntsche, et al., (2014) that social drinking motives or drinking to socialise

was closely related to more increasing levels of drinking which would support the

correlational analysis presented in this chapter. Emphasis on the motives themselves and

what they mean for individuals may be decided differently depending on the subjective and

cultural interpretation. Therefore, what is considered 'social' for the individual, but

additionally what is considered 'social' at a national level, may differ. For example, if

'drinking to be social' is related to intoxication then decision making on this will have

emphasis towards being drunk. Furthermore, if less emphasis rests on being drunk then the

notion of drinking to be social will pertain to a different ideal. This is a difficult aspect to

gage on a phenomenological level as it can be subjective in culture and subjective to the

individual. Additionally, saliency of where socialisation incorporating alcohol happens

should be considered. For example, drinking to socialise is perhaps salient in that England

has more of a pub culture, whereas in Italy there is still a strong gastronomic relation with

food. Furthermore, alcohol incorporation into family socialisation is also very important in

the Italian culture. Consequently, alcohol may not necessarily be the focus in socialising but one of the factors incorporated into a convivial event (Allamani, et al., 2010). Consistently, there were no predictive relationships between the Social motive and unitary alcohol intake in the Italian sample. Instead, there was a negative relationship between drinking to conform and lower alcohol consumption, confirming the idea that the social norm in Italy is not to drink heavily.

English participants scored significantly higher than Italians also on Enhancement, a scale that measures alcohol for its positive reinforcing properties, those who score high on this scale drink alcohol in order to increase their positive affective experience (e.g., mood enhancement) and have been found to be more sensitive to positive rewards. There is a strong link between sensitivity to reward and the Behavioural Activation System sensitivity (Corr, 2008). In addition, studies investigating the link between the three different aspects of Behavioural Activation System sensitivity (i.e., fun seeking, drive, reward responsiveness) and alcohol use and misuse showed a consistent, positive, and significant association of the fun seeking aspect (see for example Booth & Hasking, 2009; Wardell, et al., 2012; Keough & O'Connor, 2014). This may explain why in the present study there was a significant correlation between high scores on Enhancement and high levels of weekly alcohol use.

Another important national difference was found in relation to drinking to cope, with English respondents reporting higher scores on the coping drinking motive in comparison to the Italians. In the English sample, Coping scores were also significantly positively associated with weekly alcohol consumption and this dimension was the only significant predictor of

weekly alcohol intake in the regression analysis. Coping motives have been found to be conducive to risky and heavy drinking (Costa & McCrae, 1980; Cox & Klinger; Cooper 1995; 1988; Cox & Klinger, 1990; Kuntsche et al., 2015). Moreover, a recent study (Studer et al., 2016) found that coping motives fully mediate the positive association between Behavioural Impulse Inhibition and alcohol use disorder. Finally, high scores on this scale, together with high scores on enhancement motives, may indicate an increased risk of hazardous and harmful drinking behaviour in the English population. Whereas, the inverse relationship between scores on the Conformity scale and alcohol weekly intake may indicate that adhering to social norms is a protective factor against excessive drinking for Italian social drinkers.

Gender differences found between English and Italians were mixed. Interactions between culture and sex showed that Italian females and males had no overall difference between each other on all motives. However English males rated Social, Enhancement and Conformity motives as significantly more important to them in comparison to females. Analysis split by gender and country showed that there were clear national differences, English males were significantly higher in all motives to drink (except Conformity) in comparison to Italian males. Furthermore, English females were higher in all motives with exception of Conformity than Italian females. These Sex by cultural differences have been found by other research and support Kuntsche, et al., (2015) findings that higher Social, Coping and Enhancement motives can be seen in more central European countries in comparison to southern European countries. Furthermore, Kuntsche, et al's (2015) findings that males are higher in Social and Enhancement motives to drink in comparison to females

was demonstrated in the English sample but not in the Italian one. This finding is important as there are clear sex differences for English but not Italian individuals which can suggest that although there may be more traditional views in relation to Italians there is more of an egalitarianism related to drinking which can be normatively enforced. For example, this can be seen in the predictive relationship result on Conformity as a motive lowering drinking (weekly units) in the Italian respondents.

Present findings also indicated that Italian and English female respondents rated Coping as more important to them than their national male counterparts. This supports research by Kuntsche, et al,. (2005, 2015) and suggests that females might be more likely to drink excessively as a coping mechanism.

4.7.2 Nationality and drinking motives in relation to binge drinking

As mentioned above**,** respondents from England had higher levels of binge drinking than those from Italy. This is not a surprising discovery in relation to evidencing middle/western European drinking in comparison to southern European drinking. Furthermore, it supports Kuntsche, et al., (2015, 2014) in that northern and central European adolescents and adults (WHO, 2014) report being drunk more often and having a higher unit intake. This result also confirms wider descriptive studies into alcohol differences in quantity and frequency by the WHO (2013) which reports higher level of alcohol drinking in the UK in comparison to Italy. Finally, ISTAT, (2013) and Allamani, et al., (2010) suggest less binge drinking and lower quantities in Italian drinking in comparison to the rest of Europe.

The WHO (2014) report identified the pattern of drinking as being of much concern in relation to alcohol related harm. Evidence suggests drinking while eating is less harmful than consuming alcohol at other times, especially when it is heavy episodic drinking. In a review of the consequences of binge drinking it was concluded that the absolute amount of alcohol consumed is less important than the size of the effect it has on the individual and it is this that predicts cognitive impairment (Stephens & Duka, 2008), and impairments seem to be caused by the alternation of intense intoxication and states of withdrawals in a short period of time. The present study confirmed that alcohol motives might be important factors to consider when developing interventions to reduce binge drinking behaviours.

Binge drinking explored by drinking motives showed significant interactions on all drinking motives scales. ANOVA analysis split by nationality showed that English binge drinkers were higher on Coping and Enhancement motives in comparison to English non-binge drinkers, whereas there was no significant difference on these dimensions in the Italian sample. Interestingly, the interaction between Nationality and Binge group for the Social motives scale, showed opposite associations in the Italian and English samples, whereby Binge drinkers scored significantly higher than non-binge drinkers in the English sample, but Italian binge drinkers were significantly lower in Social motives than Italian binge drinkers, which indicates that to binge is not seen an act of socialisation in Italy. Furthermore, this was supported by the fact that Conformity as a motive was significantly different between Italian binge and non-binge drinkers. The finding indicated that Italian non-binge drinkers showed significantly higher conformity levels in comparison to Italian binge drinkers, and this again suggests that the social norm would be not to binge drink. This supports findings discussed in the earlier section, whereby in the Italian sample, Conformity, predicted lower

weekly alcohol consumption, meaning that the social norm seems regulate both levels of alcohol intake as well as modality of drinking.

The findings of the bi-serial correlations analysis showed a significant positive relationship between binge drinking and social, enhancement and coping motives in the English sample. However, further regression analysis found that only Coping was related in unitary intake and binge score, and this was found for English respondents only. Findings for the Italian sample do not support Laghi, et al's (2015) study showing that binge drinking was significantly predicted by Coping motives for Italian youth. This might be because the present sample did not include very heavy binge drinkers. Nevertheless, the English sample's finding that coping predicts binge and unitary intake does support Laghi, et al's (2016) study. This confirms a difference between the two countries and highlights possible risks in relation to higher drinking coping motives in English respondents in this study.

4.7.3 Witnessing parents drunk, perceived parental supervision, perceived parental attitude, and drinking motives

Witnessing parents drunk was more frequent in English in comparison to Italian respondents. This supports the qualitative phase of this thesis in which there was a notable difference in parental intoxication between the English and Italian interviewees' discourse. Furthermore, when looking at this there were notable differences in alcohol intake for respondents that had witnessed their parents' drunks at least once in their lifetime. This was further maintained when viewing English and Italians separately on their alcohol intake. There was a similar result in both nationalities in that those who had witnessed parents

drunk had a higher alcohol intake in comparison to those who had not. This was markedly higher amongst the English respondents.

Correlational analysis was run to explore relationships between PPS, PPA and drinking motives. In the Italian sample, having had a weaker supervision led to stronger social and coping motives to drink. However, in the English sample, there were no significant correlations between PPS and any of the motives to drink. There were instead, two significant positive associations between positive parental attitude and higher Enhancement and Coping motives. However, the above relationships were weak and should be taken with caution.

Interestingly, there was a significant inverse relationship between Perceived Parental Attitude and weekly alcohol intake in the Italian sample, indicating that the stronger the perceived approval towards alcohol drinking the lower the level of drinking. This could be explained through positive family use of alcohol and be related to the response of 'accepts in a family setting'. Therefore, it may be related to social learning and modelling practices regarding Italians, however this is result that is speculative and may be useful to explore further in future work.

4.7.4 Limitations

Limitations to the study will be covered more extensively in chapter 7, however acknowledgement towards them will be briefly discussed. Drinking profiles change with age and circumstances, therefore motives to drink may also change at different periods in life

(Allamani, et al., 2010 & Beccaria & Prina, 2010), this aspect can only be studied using a longitudinal design and therefore cross-sectional inspection in this study is a limitation. Moreover, the sample sizes in this study are a limitation in that they were unequal, and females were heavily represented over males. Furthermore, the area of cross-cultural differences using such measures of motivations to drink is still a relatively untouched area therefore replication of findings needs to be encouraged to find consistency across the field and within the similar age ranges. Finally, perceived supervision was a retrospective measure and may not necessarily be indicative of what supervision was present for respondents in their adolescence.

4.8 Implications for the thesis

Implications for the thesis will be discussed in more depth in chapter 7, however overall examination has shown that internal and external motives differ between the English and Italian respondents. These motives play an active role in individuals to use alcohol whether it be to socialise, enhance their enjoyment or cope with affective states. Overall drinking motives have been found to be more important in English in comparison to Italian social drinkers. A predictive relationship was found between drinking to cope and weekly alcohol intake as well as binge drinking in the English sample, this is concerning as drinking to cope has been found to be associated with problematic drinking. Regarding the Italian sample, one of the main findings was that Conformity predicted lower levels of drinking, suggesting that different social norms may influence drinking behaviours in the two cultures. To follow on from this, expectancies will be studied to inspect more detail towards reasons to drink or abstain in relation to nationality. Hence sociability, sexuality, tension reduction, anger and

risky behaviour, liquid courage, cognitive and behavioural impairment, and self-perception will be examined. Inquiry into positive and negative expectancies should back up findings from motives and assist in expanding on social cognitive reasons to drink. Overall higher negative expectancies should be present in Italians which therefore influence decision making in choosing to drink, limit, or abstain. English respondents may indicate higher positive expectancies and less negative. Therefore, the next chapter will study expectancies of English and Italian drinkers.

Chapter 5: National differences between Southern English and Northern Italian social drinkers on alcohol expectancies

<mark>This chapter reports on the findings from the quantitative study for this thesis and examines comprehensive effects of alcohol expectancies of Italian and English nationals</mark>. The chapter begins with a summary of the methodology used in this study and then goes on to report alcohol expectancies for both groups. Finally, group differences in alcohol expectancies were analysed using nationality, gender, and alcohol consumption as independent variables.

5.1 Introduction

The findings from the first empirical study reported in Chapter 4 revealed clear differences in *Motives* to drink alcohol between the English and Italian samples. Evidence of higher scores on alcohol drinking motives for the English participants were present on positive internal and external factors (Social and Enhancement), as well as, the negative internal motive of drinking to cope. English participants tended to score higher on measures linked to drinking for coping purposes, resulting in an overall higher unitary intake of alcohol. For the Italian sample, there was a predictive negative relationship between Conformity and alcohol unitary intake; the higher the score on Conformity measures the lower the levels of alcohol intake. Therefore, with both main findings of the previous study in mind, the current study will seek to provide a more in-depth examination of the factors relating to alcohol outcome expectancies. Specifically, this study looks to enlighten the role that negative alcohol expectancies play in Italians and to confirm which socio-cognitions are used to lower intake. Furthermore, the study aims at enlightening the role that positive expectancies play in English drinkers and whether related factors to Coping are important in increasing alcohol

intake. It is anticipated that a deeper understanding of alcohol expectancies will enhance our knowledge on the socio-cognitions underpinning motivations to drink.

5.1.1 Background

5.1.1.1 Culture and the Expectancy Value Model

There is a significant body of evidence on the aetiology of specific motivations to drink and how these may change across the life span (see, for example, Cox & Klinger, 1988; Carey & Correia, 1997; Windle & Windle, 1996; Read, Wood, Kahler, Maddock & Palfai, 2003; Epler, Sher & Piasecki, 2009; Beckman, et al., 2011; Anderson et al., 2013,). As discussed in Chapter 1, alcohol expectancies are thought of as structures in long-term memory which can impact on the cognitive processing for an individual drinker which is sometimes referred to as future consumption (Floyd & Widaman, 1995; Jones, et al., 2001).

Baiocco, Lonigro, Cappachione & Baumgartner (2012) examined drinking expectancies in social (n=228), binge (n=375) and heavy drinkers (n=92) in Italy, alongside factors such as family functioning and communication. The 12 item Positive Drinking Expectancies Profile (PDMS, D'Alessio et al., 2006) was used. Their findings suggested that expectancies such as sexual disinhibition, social disinhibition and anxiety relief were rated higher among heavier drinkers. Therefore, it was suggested that positive expectancies are more present for heavy drinkers in comparison to light/moderate drinkers and encourage higher levels of drinking due to perceived positive experiences through the effects of alcohol. For example, drinking for 'anxiety relief' will affect the cognition of an individual via drinking to regulate emotion. If this plays a central role for the individual's decision making to drink, then reliance of using

this socio-cognition to supress anxiety or cope with stress can become an outcome expectancy and a learned behaviour. In this case drinking alcohol to relieve anxiety, or/ and disinhibit the individuals' sexual behaviour and social behaviour (Making them more relaxed and sociable in a situation). However, a limitation of this study is that negative expectancies were not measured. In addition, expectancies that may play a part in decreasing motivation to drink in light or moderate drinkers was not tested. Valdivia & Sherry, (2005) stated that it is important to collect data on negative expectancies to gain an understanding of these may act to lower alcohol intake.

Another unexplored area in relation to alcohol expectancies is national differences. Alcohol drinking motives (intrinsically linked to expectancies) are currently gaining ground in emphasis of different cultures/nationalities and motivation to drink alcohol (Kuntsche et al, 2006; Kuntsche et al 2014). This suggests that the research for this thesis is relatively novel and looks to unpack national drinking differences. Furthermore, it attempts to be comprehensive in exploring not just positive expectancy difference but to explore negative expectancies to alcohol.

Therefore, the focus of this study will look to test if alcohol expectancies have a positive relationship to binge or heavy drinking. Furthermore, it will attempt to observe if there are national differences in expectancies scores. The hypothesis of the study is that the English sample will score higher in positive *expectancies (sociability, liquid courage, tension reduction and sexuality)* than the Italian sample. This is suggested as the previous study found English participants to be higher in positive motivations such as social and enhancement motives in comparison to Italians. In addition, Italians it is expected that

Italians will show a difference by scoring higher negative expectancies towards drinking such as cognitive and behavioural impairment, risk and aggression, and self-perception.

5.2 Method

5.2.1 Summary of methods

This section provides a brief overview of the methods used for this study (a detailed account can be found in Chapter 2). Non-probability / respondent referral sampling (Vehovar, et al., 2016) was used to recruit participants via University research participant pools and social media. Respondents were provided with a participant information sheet (See appendices III & IV) and informed consent form which advised on the right to withdraw from the study, assured anonymity of the individual and that data protection of their information was safeguarded. The survey was constructed in Survey Monkey and data was collected over approximately a 24 months period between September 2012-2014. Power calculations (G*Power) were used to inform the researcher on the total amount of sample to be recruited (detailed in Chapter 2 in section 2.2.4).

The measure used was the Alcohol Expectancies Questionnaire (AEQ; Fromme, Stroot & Kapla, 1993; Comprehensive effects; Appendix V p428). This is a 38 Item questionnaire (Appendix V; p428) consisting of 7 factors (see appendix V) Sociability (e.g. ‘*I would be talkative*’ & ‘*I would be outgoing*’), Tension Reduction (e.g. ‘*I would feel relaxed*’), Liquid Courage (‘*I would feel courageous*’ & ‘ *I would feel powerful*’), Sexuality (e.g. ‘ *I would be a better lover*’), Cognitive & Behavioural Impairment (e.g. ‘ *I would have difficulty thinking*’), Risk and Aggression (e.g. ‘*I would act aggressively*’ & ‘*I would feel dominant*’), and Self-

Perception (e.g. '*I would feel guilty*' and '*I would feel self-critical*'). G*lobal positive* and

negative factors consist of computed groups of the above expectancies, with *global positive*

comprising of; Sociability, Tension Reduction, Liquid Courage, and Sexuality. Whereas *global*

negative consisted of Cognitive and Behavioural Impairment, Risk and Aggression, and Self-

Perception. Each of the 38 items were rated on a Likert scale ranging from 1: Disagree, 2:

Slightly Disagree, 3: Slightly Agree, 4: Agree. The Alcohol Use Questionnaire (AUQ:

Mehrabian and Russell, 1978) was used to record alcohol intake and binge drinking in the

last six months (See Chapter 2 for more details). This questionnaire provides an

approximation of the unitary weekly intake of alcohol and a binge drinking score.

5.3 Statistical Analysis

5.3.1 Statistical data Analysis Strategy

Data analysis was conducted to explore differences between nationality, sex, and binge

drinking scores in relation to alcohol expectancies (global, positive, and negative) using the

same sample who took part in the first study (reported in Chapter 4). This is in line with

Kuntsche, (2006) and Stritzke & Butt, (2001) who recommends that the same participants

are used as it is an important step in creating continuity in data even if they are not to be

directly compared.   Planned comparisons for this study comprised of multivariate analysis

of variance (MANOVA), analysis of variance (ANOVA), T-test, Pearsons Product Moment

coefficient and multiple linear regression. MANOVA was used to examine the 7 subscales of

Expectancies. A further two scales were examined in terms of Global Positive and Global

Negative expectancies. T-test was utilised to look at interaction effects between the

categorical variables. Correlation analysis was used to look for relationships between

continuous variables. Multiple Linear Regression analysis was employed to determine the extent to which there is a linear relationship between alcohol use (approximation of weekly unit intake and binge drinking) and predictor variables such as positive and negative expectancies (split by nationality).

5.3.2 Data Verification

As outlined in chapter 4, verification was ==assessed== using SPSS 22 (Version 22, SPSS Inc, Chicago) missing values and errors were scrutinised. Items on the questionnaire were not forced (Steiger, Reip & Voracek, 2007); forced response can be used to ensure that the all questions are answered by not allowing the respondent to move to other questions without an answer. However, it can be considered unethical to force-response all items and cause participant fatigue (Field, 2009). Hence, there were missing values in individual responses for the AEQ due to not forcing responses. A common method for addressing missing responses is through the expectation-maximisation of scores approach. However, it was deemed that this would be unethical as responses would be filled in with a best guess using SPSS and this risk introducing bias based on the assumption of individual scores. Instead the code of '999' was utilised to notify SPSS of the missing information. The code '999' is used as it exceeds all individual and overall scores for all measures in the thesis (Pigott, 2001). This ensures that SPSS cannot make a mistake and accidently make general scores from measures into missing data and exclude it from analysis. The following two sections examine scale reliability and data distribution to ensure normality within the data and explore whether any items or overall factors should be removed based on low alpha scores or if treatment of the data is required due to non-normality (Finch, 2012).

5.3.3 Scale reliability

The AEQ was assessed for scale reliability using the criteria for calculating Cronbach's alpha set out by George and Mallory (2003). The levels for acceptance of scale reliability were therefore; (α) > .9 – Excellent, > .8 – Good, > .7 – Acceptable, > .6 – Questionable, > .5 – Poor, and < .5 – Unacceptable. The Alpha levels are as follows; Overall Alpha α = .88, Sociability α = .70, Tension reduction α = .50, Liquid courage α = .74, Sexuality α = .62, Cognitive and Behavioural Impairment α =.50, Risk and Aggression α = .67, Self-perception α = .50.

Self-perception failed to gain a minimum alpha level of .50 (Iacobucci & Duhacheck, 2003), suggesting it was poor in its scale reliability. However, it was included in the analysis due to approaching borderline significance (Kline, 1999 & Fields, 2009). Fields (2009) argues that psychological construct values below .7 can be realistic due to the diversity of questions being measured. Additionally, McCrae, Kurtz, Yamagata & Terracciano, (2011) argue that having a high alpha of .9 is cautioned against as they suggest that question redundancy may be present. Therefore, these authors suggest that that scores below .7 are acceptable within limits.

5.3.4 Data Distribution

The data distribution was tested for normality using a Kolmogorov-Smirnov test (K-S) as opposed to Shapiro Wilk. This is because it is suggested that the K-S test is more reliable for scale data (Razali & Wah, 2011). Testing for normality within the sample assumes that no violation has occurred, that the sample is not in need of transformation and the data can be

subjected to parametric forms analysis (Razali & Wah, 2011). In addition to K-S testing for

Kurtosis and Skew, further cleaning of data was performed via identifying outriders,

examining Q-Q plots and histograms to make an overall decision on the normality of the

data. The output of K-S test suggested that normality was not assumed in the Italian sample

as all factors were significant. Except for Sociability and Sexuality, a similar result was

obtained in the English sample. Therefore, further testing was needed to ascertain

distribution of the sample. In general K-S testing is disadvantaged by similarity in values

which are present within this study (Stephens, 1974; Marsiglia, et al., 2003). Furthermore,

Ghasemi and Zahediasl, (2012) suggest that a sample of above 40 should not cause major

problems of normality and that true normality is considered a parable. Ghasemi, et al.,

(2012) suggest running plots to scrutinise z-scores and test for skew and kurtosis. Therefore,

this is the next step in scrutinising the data.

Table 35 (5.0): Italian and English results for normality testing of Kolmogorov-Smirnov test for normality within samples.

Variable	Statistic	Df	Sig.
Split by drinkers and non-drinkers			
AEQ Italian			
Sociability	0.131	217	$p = 0.001$
Tension Reduction	0.314	217	$p = 0.001$
Liquid Courage	0.089	217	$p = 0.001$
Sexuality	0.120	217	$p = 0.001$
Behavioural & Cognitive Impairment	0.114	217	$p = 0.001$
Risk & Aggression	0.135	217	$p = 0.001$
Self-Perception	0.136	217	$p = 0.001$
AEQ English			
Sociability	0.069	87	$p = 0.20$
Tension Reduction	0.121	87	$p = 0.03$
Liquid Courage	0.118	87	$p = 0.04$

Sexuality	0.080	87	$p = 0.20$
Behavioural & Cognitive Impairment	0.153	87	$p = 0.06$
Risk & Aggression	0.116	87	$p = 0.06$
Self-Perception	0.134	87	$p = 0.01$

Skew and Kurtosis were examined using descriptives and the outlier labelling rule (described in Chapter 2 section 2.4.1.3) was applied. This method found none of outliers to be statically significant in the English and Italian samples, which informed the decision not to transform these data. This decision is more reflective of 'real world' data (Tabachnick & Fidell, 1996) as unequal sample sizes and distribution that are slightly abnormal is acceptable if outliers are treated with caution. Finally, all tests were run using list-wise comparisons to respect the coded '999' rule in which missing data was excluded from the analysis.

5.4 Results

5.4.1 Participant profile

An in-depth exploration of participant demographics is available in Chapter 2. In summary, there were a total of 307 participants taking part in this study. The English sample was comprised of n=89 respondents with n=66 (74.2%) females and n=23 (25.8%) males, all of whom were based in London, England. There was an overrepresentation of females in the sample due to a loss of data and drop-out from the male sample. The mean age was $\bar{x}$ =28.27 with a standard deviation of SD =5.51 of all English respondents aged between 18-35. Binge drinkers within the sample comprised of n=40 (44.9 %), this was calculated using a cut off in the binge drinking score of >25 from the AUQ (Meharabian & Russell, 1978).

Furthermore, a total of n=49 (55.1%) non-binge drinking respondents were included in the sample.

The Italian sample respondents totalled n=218 North West (Milan, Genoa, Turin) North East (Padua, Trieste). with a total of n=128 (58.7%) females and n=90 (41.3%) males within the Italian cohort. Their mean age was x̄ =25.06 with an SD = 5.20, the age range was 18-35. There was a total of n=149 (68.3%) non-binge drinkers and n=69 (31.7%) binge drinkers in the Italian sample.

5.4.2 Gender and nationality Differences in alcohol Expectancies

Differences in expectancies between English and Italian respondents were analysed. Levene's test for homogeneity of variances was utilised to check for equal variances, none of the scales were significant, therefore homogeneity was assumed.

Overall the MANOVA showed significant differences on alcohol *expectancies* between Nationality, Pillai's Trace= .20, F (9,288) = 7.93, p=.001, η^2= .20; this suggested that there was a significant difference between Northern Italian and Southern English respondents, see table 36 below for means, SDs and ANOVA results.

Table 36 (5.0): ANOVA table showing differences between nationality (Italian and English) on scores from 7 subscales of alcohol expectancies and 2 global effects (positive and negative)

Expectancies	Italian (n=217) Mean (SD)	English (n=87) Mean (SD)	ANOVA (Italy vs England)
Positive Expectancies			
Sociability	2.53 (.66)	3.20 (.49)	F (1, 304) = 29.62, p= .001***
Tension Reduction	2.16 (.86)	2.41 (1.01)	F (1, 304) = 9.05, p= .003**

Liquid courage	**2.05 (.66)**	**2.39 (.64)**	**F (1, 304) = 12.28, p = .001*****
Sexuality	**1.97 (.68)**	**2.59 (.71)**	**F (1, 304) = 43.73, p= .001*****
Negative Expectancies			
Cognitive and Behavioural Impairment	2.81 (.61)	2.69 (.52)	F (1, 304) = 2.93, p= .088
Risk and Aggression	2.17 (.75)	2.13 (.57)	F (1, 304) = 1.22, p= .270
Self-Perception	**2.07 (.61)**	**1.87 (.70)**	**F (1, 304) = 7.20, p= .008****
Global Positive	**1.97 (.56)**	**2.69 (.45)**	**F (1, 304) = 33.64, p= .001*****
Global Negative	2.47 (.48)	2.38 (.41)	F (1, 304) = 2.41, p= .121

Scale AEQ: 1: Disagree, 2: Slightly Disagree, 3: Slightly Agree, 4: Agree. P< 0.05 * P< 0.01 ** P< 0.001***

As shown in the table above, Sociability was highly significantly different, $F_{(1,304)} = 29.02$, p=.001, $\eta^2 = .01$, with English respondents ($\bar{x} = 3.00$) scoring higher than Italian respondents ($\bar{x} = 2.50$) which suggests English drink for more for positive social expectancies of being more talkative and outgoing.

Tension Reduction was significantly different, $F_{(1,304)} = 9.05$, p=.003, $\eta^2 = .03$; with English respondents ($\bar{x} = 2.41$) scoring higher than Italians ($\bar{x} = 2.07$) for using alcohol to relax or feel calmer and deal with negative affect.

Liquid Courage was significantly different between the two nationalities, $F_{(1,304)} = 12.28$, p=.001, $\eta^2 = .04$; with Italians ($\bar{x} = 2.05$) showing lower expectations towards Liquid courage than the English cohort ($\bar{x} = 2.39$).

English respondents scored significantly higher than Italians for the positive expectancy Sexuality, $F_{(1,304)} = 43.73$, p=.001, $\eta^2= .13$; ($\bar{x} =2.59$) in comparison to Italians ($\bar{x} =1.97$), suggesting more importance in the use of alcohol to increase disinhibition in sexual expression.

Overall, Global Positive Expectancies were significantly higher in score for English respondents' $F_{(1,304)} = 33.64$, p=.001, $\eta^2= .10$ ($\bar{x} =2.69$) than Italians ($\bar{x} =1.97$).

Amongst negative factors, only Self Perception was significant, $F_{(1, 304)} = 7.20$, p=. 008; with a direction of higher scores in Italians ($\bar{x} =2.07$), meaning that they were more critical of themselves when drinking in comparison to English respondents ($\bar{x} =1.87$). Other negative expectancies Behavioural & Cognitive Impairment; Risk & Aggression and overall Global Negative Expectancies were not significantly different.

5.4.3 Sex differences on alcohol expectancies

The one-way MANOVA examined overall sex differences and the result showed that sex was borderline significant Pillai's Trace= .06 $F_{(9,288)} = 1.87$, p=.05, $\eta^2= .06$ suggesting difference between males and females with a small effect size of .05.

Table 37 (5.0): ANOVA table showing results in males and females on alcohol expectancies.

Expectancies	Males (n=113) Mean (SD)	Females (n=191) Mean (SD)	ANOVA (Males vs Females)
Positive Expectancies			
Sociability	2.61 (.55)	2.71 (.62)	F (1, 304) = 1.94, p= .165
Tension Reduction	2.27 (.64)	2.23 (.63)	F (1, 304) = 1.00, p= .319
Liquid courage	2.12 (.68)	2.16 (.67)	F (1, 304) = 0.21, p= .649
Sexuality	2.05(.68)	2.21 (.71)	F (1, 304) = 1.40, p= .239
Negative Expectancies			
Cognitive and Behavioural Impairment	2.80(.61)	2.77 (.57)	F (1, 304) = 1.54, p= .216
Risk and Aggression	2.19(.56)	2.19 (.58)	F (1, 304) = 0.17, p= .677
Self-Perception	**1.97 (.61)**	**2.04 (.70)**	**F (1, 304) = 4.16, p= .044***
Global Positive	2.32 (.56)	2.40 (.56)	F (1, 304) = 0.16, p= .371
Global Negative	2.41 (.44)	2.46 (.46)	F (1, 304) = 1.60, p= .208

Scale AEQ: 1: Disagree, 2: Slightly Disagree, 3: Slightly Agree, 4: Agree.

*P< 0.05 * P< 0.01 ** P< 0.001***

Overall, further testing using ANOVA showed little difference related to sex (males and females) for the separated factors (see table 37 above). However, Self-Perception was significantly different, $F_{(1,304)} = 4.16$, p=.042, $\eta^2= .14$, with males rating self-perception as lower and not important to them ($\bar{x}$ =1.97) in comparison to females ($\bar{x}$ =2.07).

Further analysis involved splitting the dataset by nationality to examine whether sex differences were present. MANOVA on male and female English respondents; Pillai's Trace= .01 $F_{(6, 80)}$ = .175, p=.983, $\eta^2= .01$ and Italian, Pillai's Trace= .03 $F_{(6,195)}$ = 1.12, p=.354,

η^2= .03 revealed no significant differences and therefore no further analysis was conducted

as this might introduce a type 1 error (Field, 2009).

5.4.4 Italian and English binge versus non-binge drinkers on alcohol outcome expectancies

There were no overall differences in alcohol expectancies between binge and non-binge

drinkers in the sample Pillai's Trace= .05 F (9,288) = 1.62, p=.11. However, interaction effects

between binge drinking and nationality reached borderline significance, Pillai's Trace= .06 F

(9,288) = 1.90, p=.050, η^2= .06.

Table 38 (5.0): ANOVA table showing an interaction effect between nationality (Italy and England) and binge (binge and non-binge drinker) on Alcohol Expectancies.

Expectancies	Italy		England		ANOVA (Binge*Nationality)
Positive Expectancies					
	Binge	**Non-Binge**	**Binge**	**Non-binge**	
N	**68**	**149**	**47**	**40**	
Sociability	2.59 (0.63)	2.40 (.66)	3.00(.99)	3.04 (.43)	F (1, 304) = 2.40, p= .122
Tension Reduction	2.07(.73	2.20 (.57)	2.42 (.62)	2.41 (.66)	F (1, 304) = 2.04, p= .154
Liquid Courage	2.01 (.73)	2.06 (.63)	2.34 (.75	2.43 (.50)	F (1, 304) = .26, p= .610
Sexuality	1.90 (.63)	2.01 (.66)	2.64 (71)	2.54 (.65)	F (1, 304) = 5.69, p= .054
Negative Expectancies					
Cognitive and Behavioural Impairment	2.90 (.63)	2.77 (.59)	2.78 (.44)	2.61 (.58)	F (1, 304) = .61, p= .438
Risk and Aggression	2.17 (.49)	2.17 (.78)	2.19 (.78)	2.27 (.61)	F (1, 304) = .07, p= .932
Self-perception	**2.00 (.62)**	**2.10 (.60)**	**1.98 (.67)**	**1.78 (.73)**	**F (1, 304) = 5.58, p= .016***
Global Positive	2.25 (.58)	2.29 (.63)	2.69 (.53)	2.61 (42)	F (1, 304) = .2.57, p= .110
Global Negative	2.49 (.49)	2.45 (.47)	2.44 (.48)	2.33 (.44)	F (1, 290) = 1.64, p= .201

The alcohol expectancy of Self Perception (SP) showed a significant interaction effect

between binge * nationality; F (1,304) = 5.85, p=.016, η^2=. 050. As illustrated in the figure

(21) on the next page and further explored with separate t tests, the non-binge Italian and

non-binge English participants were significantly different on their level of self-perception t

(194) 3.03, p= .003 with Italians higher (x̄ =2.10) in their scores of SP than English (x̄ =1.78).

Binge drinkers showed no difference for SP between Italian and English respondents t (106)

.019 p= .883. Furthermore, Italian binge versus Italian non-binge drinkers showed no

significant difference, and similarly English binge versus non-binge drinkers were non-

significant in difference on their SP scores.

Figure 21 (5.0): An interaction effect between Nationality, binge, and non-binge drinkers on the factor Self Perception
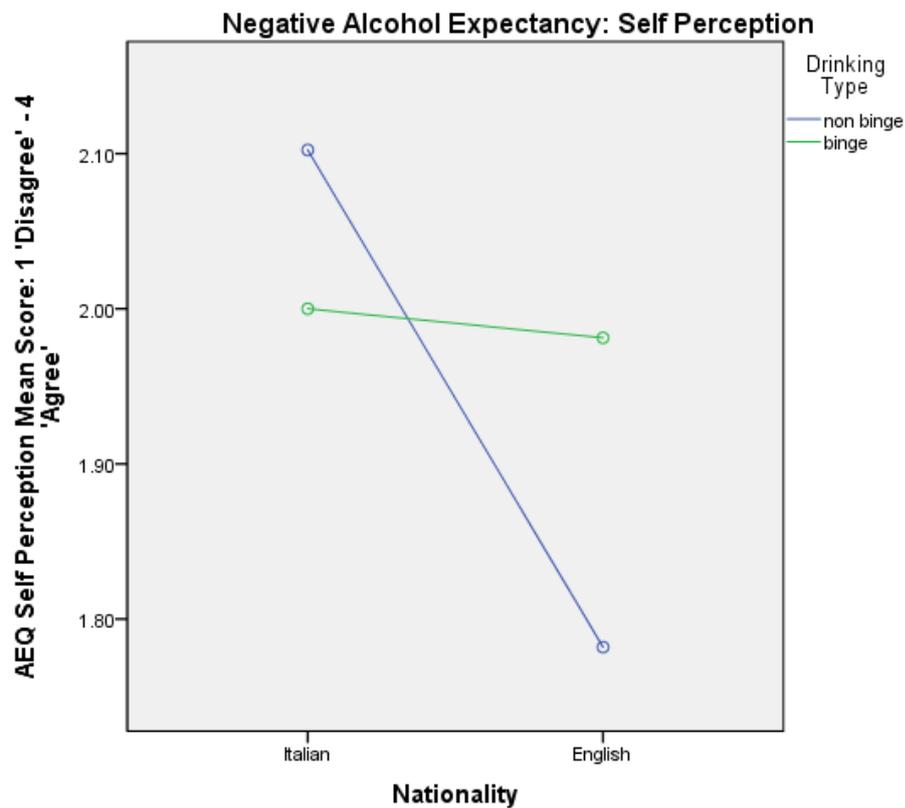
5.4.5 Global positive expectancies predicted by quantity and frequency of alcohol in English and Italian respondents

Positive expectancies were analysed against alcohol unitary intake and binge drinking score (measured by the Alcohol Use Questionnaire; AUQ). This explored whether either predicted higher scores in positive expectancies when split by nationality. The Italian sample was examined using a stepwise method, which yielded no significant results. However, there was an outcome for the English sample for Global Positive Expectancies and unitary intake. However before presenting the result the evaluation of the regression model will be briefly discussed.

Evaluation of the model examined RESID against *ZPRED (see figure 21 below) scatterplot for exploring the relationship between standardised predicted values and standardised residuals for the model (Osbourne & Waters, 2002). The scatterplot (figure 21) was compared using examples of visual heteroscedasticity by Osbourne and Waters (2002). There was violation regarding heteroscedasticity. Therefore, the correction for HCREG model for estimating ordinary least squares (OLS) regression but with heteroscedasticity-constant standard errors (Hayes & Cai, 2007) was utilised. The syntax is expressed in Appendix VI (p439).

Figure 22 (5.0): A Scatterplot illustrating the relationship between Standardised predicted values and standardised residuals of Alcohol unitary intake predicting global positive expectancies

.
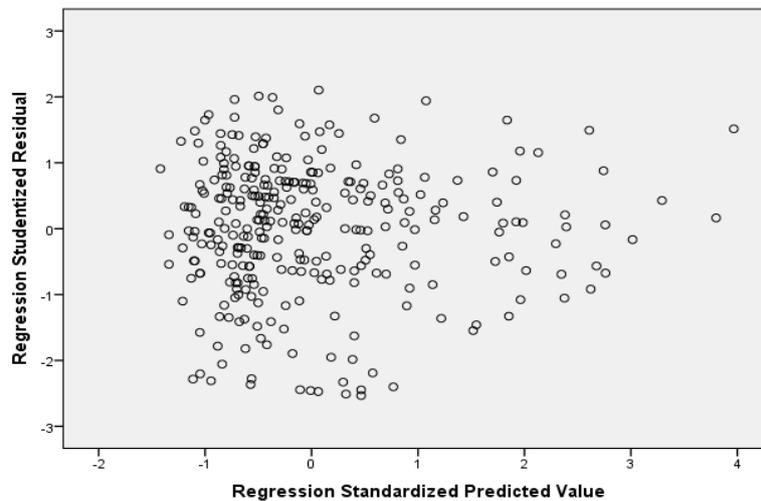
A Durban and Watson (Durban & Watson, 1950) test was computed, this test guards against making an error of suggesting there is a significant predictor when there is not. The outcome value of the DW test was 1.66. A general rule is that the test statistic is not over the figure of 2 (Durban & Watson, 1950, Durban & Watson, 1951, Farebrother, 1980) and should be between the values of 1.5 -2.5 (Field, 2009). Furthermore, the critical values of dL and dU of the Durban and Watson tables were regarded. In this case the value of the output Durban and Watson statistic is 1.003, this is below the dL=1.72618- dU=1.73946 on a sample size of 300 and K=2. These statistics suggest that there are no first order autocorrelations and that the standard error is not underestimated. Therefore, there is no chance of error of accepting a significant predictor when it is not (Durban & Watson, 1950; Durban & Watson, 1951; Filed, 2009).

The z-score distribution was observed alongside a breakdown of z-scores calculated using SPSS. The same rule was applied in relation to score being 99% between -3.29 and + 3.29

(Field, 2009). All scores fell within the rule and were deemed to be evenly distributed. The

output of the analysis is below in table 38 on alcohol use predicting positive expectancies.

Table 39 (5.0): Tabulated results of multiple regression using predictor variables alcohol use (AUQ) 'quantity' and 'binge' of positive expectancies towards alcohol.

	B	SE B	B
Step 1			
Constant	2.24	.07	
AUQ Quantity	**.007**	**.003**	**.008****
AUQ Binge drinking	.001	.002	.550*(ns)*

A Dependent variable: Global Positive Alcohol Expectancies

Overall Global Positive Expectancies (which is a composite of Sociability, Liquid Courage,

Tension Reduction, and Sexuality) positively predicted Alcohol intake in units (Quantity).

This accounts for 3% of the variance; heteroscedasticity-consistent regression result:

R^2=.16, ΔR^2=.03, F (1, 302), 3.87, p=.001, this suggested that higher positive social

expectations of drinking predicted higher unitary intake of alcohol for English respondents.

The next section will discuss the findings and implications for the thesis.

5.5 Discussion

The present study explored national differences on comprehensive alcohol expectancies of respondents in Italy (Northwest & Northeast) and England (London & Greater London). There were significantly higher global positive alcohol expectancies in the English cohort in comparison to the Italian sample. The results additionally suggest that, as opposed to Italians, English social drinkers have higher expectations on the positive effects of alcohol on a variety of levels. For example, they expect that alcohol helps them socialise and relax; they also expect that dinking helps them become braver and more creative and perform/enjoy sex better. Importantly, regression analysis showed a significant direct predictive association between Global Positive Expectancies score and alcohol unitary intake, indicating that having high expectations on the positive effects of alcohol could predict higher alcohol consumption. The aforementioned results are in line with previous research (Carey, 1995; Jones, Corbin & Fromme, 2001; Kenny, Jones & Barnett, 2015) that suggests positive expectancies would be higher for individuals that are heavier drinkers. This has been shown in the decriptives for the English sample in that they were higher in binge drinking and furthermore they were higher in motives; drinking to cope, drinking to enhance, and drinking to socialise in the findings of chapter 4.

Overall difference in negative expectancies showed little significance with only Self-Perception depicted as higher among Italian drinkers when compared to English drinkers. Therefore, this did not support the hypothesis that Italians would be higher in negative alcohol expectancies due to their moderate drinking practices (Giacosa, et al., 2016). However, the finding that Self-perception (negative alcohol expectancy) was higher among

Italian respondents, may relate to rising scores in conformity motives predicting lower

unitary alcohol intake (chapter 4). This suggests that Italians are more critical and that they

self-monitor in relation to their perceived external image amongst peers or family.

Therefore, drinking is possibly moderated via social norms which are judged by their peer

group, community, and family. However as there was only one result of Self Perception as a

significantly different negative alcohol expectation for Italians, and no predictive negative

relationships with unitary decrease in alcohol the results should be taken with caution. This

does not support findings regarding negative expectancies being predictive of lowering

drinking (Cooper, et al., 1995). On the other hand, as seen in the literature review Golman

et al., 1991; Adams and MacNeil, 1991; Fromme, et al., (1993); Stritzke and Butt, (2001);

Valdivia and Stewart, (2005) have all suggested there have been mixed findings on negative

expectancies being related or significant towards lowering alcohol consumption. Perhaps

the complex relationship that is involved in moderating drinking and lowering or limiting

one's consumption is important to consider. For example, Grazioli, et al., (2015) found that

lower alcohol consumption was significant when predicted by protective behavioural

strategies (broadly strategies to avoid drinking alcohol) and negative expectancies.

However, this was in a sample of young adult female and males (n=188) with an over

representation of females (67% of the sample) in their first year of university. Therefore, the

findings could be more relevant to females' due to gender differences in expected

behaviour and socialisation. However, possibly testing negative expectancies alone is not

sensitive enough to show why individuals drink less or limit themselves for the purpose of

this investigation into Italians and English social drinkers.

As discussed earlier, D'Alessio, Baiocco, & Laghi's (2006) study on expectancies among Italian male binge and non-binge drinkers found, that heavy drinkers were likely to have higher positive expectancies. The findings in the present study do not support D'Alessio et al., (2006) as there was little evidence related to binge drinking found amongst Italian and English binge drinkers. This could be due to fewer binge drinkers being present in the samples which fell below the desired power.

Finally, the results in this chapter additionally support Cooper, Frone, Russell and Mudar, (1995) and Shell, Newman, and Xiaoyi (2010) in that higher expectations placed on positive outcomes associated with alcohol use were shown to be associated with increasing levels of intake. However, this was found for English social drinkers only. This finding suggests that positive expectancies in social alcohol drinking should be further studied with specific emphasis on tension reduction or using alcohol as a mechanism to resolve negative affect and stress. This may link to drinking to cope which was found in chapter 4 of this thesis regarding individuals' coping motives and rising unitary intake of alcohol in English participants. Therefore, understanding more in relation to use and regulation could be important as targeting behaviour through public health intervention could protect against rising levels of drinking and harmful associations such drinking to regulate negative affect which can harm an individual's mental health.

5.6 Implications for the thesis

The next chapter will look at limiting and abstaining measures in relation to nationality. Although negative expectancies should be present in terms of lower drinking this has not always fully been supported in research, and findings in relation negative expectancies explaining limitation of drinking has yielded mixed results (Golman et al. 1991; Adams & MacNeil, 1991; Valdivia & Stewart, 2005). Therefore, motivation to limit and abstain from drinking was employed in the quantitative study of this thesis as it is a direct measure in which to understand what factors individuals employ to lower drinking. Furthermore, it accounts for not just motivations in relation to social cognitive aspects, but additionally to biological issues such as dispositional risk which can cover genetic intolerance and alcoholism within the family. Therefore, it is more in-depth in terms of gauging confounding factors that simply cannot be reported in the comprehensive expectancies questionnaire.

Chapter 6: Exploring national differences on motives to limit alcohol use in social drinkers and abstainers.

<mark>Chapter (6) describes another aspect of the quantitative study in this thesis which inspects limitation and abstinence of alcohol drinking for both Southern English and Northern Italian nationals.</mark> The study additionally examines factors implicated in limitation of alcohol use such as family influence, fear of negative consequences, dispositional factors, religion, and indifference. Finally perceived parental supervision (PPS) and perceived parental attitudes (PPA) towards alcohol drinking are scrutinised to observe if there are influences on limitation of drinking for the individual from family social learning. The methodology is briefly outlined, and analysis is presented focusing on differences and predictive relationships.

6.1 Introduction

The findings on drinking motives found that high scores on the Conformity scale of the drinking motives questionnaire was inversely related to weekly alcohol consumption in the Italian sample (Chapter 4), suggesting the "drinking to fit in" was limiting factor for this group. The findings on alcohol expectancies (Chapter 5) revealed that English respondents were higher on positive expectancies in comparison to Italians. Furthermore, that there was a relationship suggesting that positive expectancies predicted increasing units of alcohol quantity for Southern English respondents in the sample. This relationship was not found for Northern Italian drinkers. Furthermore, negative alcohol expectancies were not found significant with alcohol use, however 'Self Perception' which is negative alcohol expectancy was found to be higher for Italian participants when considering drinking alcohol in

comparison to English respondents. Therefore, this chapter endeavours to explore what factors are important to each nationality in limiting their alcohol drinking.

6.1.1 Background

Epler, Sher and Piasecki, (2009) argue that drinking motives and expectancies are important to study to understand individuals' motivation to drink alcohol. However, they assert that there are additional parallels to investigate such as, why individuals abstain from alcohol, and what reasons/socio-cognitions individuals employ to limit their drinking. Research, into abstaining and limiting alcohol drinking has had mixed results as individuals move in and out of abstention over the course of their drinking life. Furthermore, drinking profiles change as an individual encounters different periods of their life and social world (Allemani, 2010). Anderson, et al. (2012) argue that numerous authors have demonstrated drinking motives using reasons which are based on 'beliefs', that alcohol will increase positive affect and/or reduce negative affect. However, they suggest that less focus has been placed on decision making towards not drinking or limiting alcohol.

The original Cox and Klinger (1988) motivational theory towards alcohol use, and Cooper's (1994) drinking motives model suggest that alcohol use is a complex amalgamation of biological, psychological, and contextual factors. These factors are argued to take effect through a final common pathway of alcohol-related cognitions from expectancies to a motivational pathway to use alcohol (belief in positive affect from drinking) or abstain from alcohol (Cox & Klinger, 1988; Carey & Correia, 1997; Epler, Sher, & Piaseki, 2009; Anderson

et al., 2013). This pathway considering abstaining or limiting alcohol is based on beliefs relating to decreased positive affect and increased negative affect from alcohol (Epler et al., 2009; Anderson et al., 2013). This construct has been bestowed with a few different terms inclusive of reasons to abstain / limit drinking (Epler, et al., 2009; Amodeo, Kurtz & Cutter, 1992), motives not to drink (Stritzke & Butt, 2001) and, motives for abstinence (Hansten, Downey, Rosengren & Donovan, 2000). Therefore, research into the area has been varied in using, pure abstainers, as well as limiting and abstaining in adolescence (Stritzke & Butt, 2001; Anderson et al., 2013). Adult populations have generally been studied in relation to dependent drinking (Fillmore, 1987; Hasten, Downey, Rosengren & Donovan, 200; Hasten, Downey, Rosengren & Donovan, 2000). Furthermore, mainly student populations have been examined as to limiting and abstaining from drinking as reviewed in Chapter 1 (Section 1.6.3; Greenfield, et al., 1989; Greenfield, 2000; Collins, et al., 2001; Johnson, et al. 2004, Epler, Sher & Piaseki, 2009; Grazioli, et al., 2015).

As outlined in Chapter 1 (section 1.4.3) family supervision and attitude in adolescence and young adulthood play a role in later decision making regarding drinking (Yu, 2003). Although it is not clear to what extent family supervision has influence in later decision making, and it has been argued to have a subordinate impact in relation to peer influence in adolescence and young adulthood (Borsari, Borsari, & Carey, 2006). However, it does factor in decision making and has suggested to influence / mediate alcohol use via modelling of close relatives and immediate family from a social learning perspective (Donovan & Molina, 2008). Peele, & Brodsky, (2000) additionally propose that in Mediterranean culture, abstinence, is higher and that family influence is important in drinking alcohol. Finally, Sturnin, et al., (2010)

argue from their qualitative study that family may be more protective in Italian culture due to drinking initiation and supervision, but further research is needed into the area. Therefore, an objective of this study will be to examine limiting factors between England and Italy alongside supervision to ascertain if any relationships are present. The main objective will be to study motives to abstain and limit alcohol in both nationalities to observe differences with alcohol intake.

6.2 Methods

6.2.1 Summary of Methods

Methodological components of the study are described previously in-depth in Chapter 2. However, a brief explanation of the methods used in this study is provided here. Participants consisted of males and females from 18-35 from two separate countries. G*Power (Faul, Erdfelder, Lang, & Buchner, 2007; Faul, Erdfelder, Buchner & Lang, 2009) was used to ascertain the number of participants needed to take part in the battery of questionnaires. Using MANOVA for 2 groups (Nationality) with 3 response variables (MAAQ, DMQ and AEQ) a total sample size of 122 was specified to give sufficient power to the study. The Power was entered as $1-\beta=.95$ as it signifies a maximum in power recommended by Faul, Erdfelder, Lang & Buchner (2009) and effect size was selected for a large effect. Dattallo (2007) proposes that MANOVA (Global effects) be set with Alpha $\alpha = .05$, $1-\beta = .95$ and effect sizes f^2= Small = (.10) ^2 = .01; Medium = (.25) ^2 = .06; Large = (.40) ^2 = 0.16, Therefore this suggestion was followed. The achieved sample of 403 participants exceeded the minimum requirements. Participants were recruited, and data collected over approximately a 24 months period between September 2012-2014 through social

networking sites via convenience sampling (Salganik & Heckthorn, 2004) which is a non-probability method of gaining large amounts of sample in the quickest and most economical manner. Participants were recruited through University sites, groups on social media and linked acquaintances on 'Facebook'.

The questionnaire utilised was the MAAQ (Motives for Abstaining from Alcohol Questionnaire, adapted by Stritzke & Butt, 2001) which, is a 19-item questionnaire that gains rating on a 5-point Likert scale ranging from 0 = not at all important, 1 = slightly important, 2 = moderately important, 3 = very important, 4 = extremely important. Reasons to abstain and limit drinking are comprised of 5 factors which are; fear of negative consequences (an individual's concerns about job and study performance, general health and losing self-control), dispositional risk (this relates to specific aversions to alcohol related to medical conditions, genetic predispositions and family drinking problems), family constraints (disapproval of family in relation to drinking alcohol), religious constraints (disapproval of alcohol consumption due to religious belief or rules) and indifference (not drinking due to not enjoying alcohol effects or taste and smell of alcohol; please see Appendix V (p416) for the questionnaire items and, chapter 2 for a full explanation of the measure).

The Alcohol Use Questionnaire (AUQ; Mehrabian & Russell, 1978) was employed to collect quantity and frequency in use based on an approximation on weekly drinking (in units) and frequency in alcohol drinking per session, which are also entitled binge scores. This part of the questionnaire measures how fast an individual drinker consumes alcohol by recording how many drinks in an hour, what was their intention to drink to get drunk in percentage

(related to an average evening in the past 6 months) and how many times they have been drunk approximately in the last 6 months. The cut off between calculating binge and non-binge scores are explained in chapter 2, alongside a more detailed explanation of the tool overall. However, scores below 24 are considered as non-bingers and above as binge drinkers (as suggested by Duka & Townshend, 2002).

Further questions were added concerning perceived parental supervision and family attitude towards alcohol drinking (Beck, et al. 1999 & Ledoux, et al. 2001). In briefly family supervision questions consisted of 2 items asking if the primary caregiver set times for returning home and if they knew where the individual was. The scale was a 4-point Likert scale of 1=always, 2=Sometimes, 3=never and 4=don't know.

6.3 Statistical Analysis

6.3.1 Statistical data analysis strategy

Analysis of the data comprised of reviewing and cleaning data. This accounted for missing information and assessed data in relation to or outliers and distribution. Subscales were examined and computed towards their reliability. Finally, suspicions data (grossly over estimated alcohol intake and repetition of rating in matrices) was highlighted and discussed with the primary supervisor as to whether it should be removed. If there were missing values due to not forcing respondents to rate all scales, then the missing values were coded '999' to inform of missing values in pair-wise comparisons using SPSS (Peugh & Enders, 2004).

A multivariate analysis of variance (MANOVA) was utilised to test for national differences and alcohol group differences (drinkers' vs abstainers) regarding multiple outcome variables of 5 factors in the MAAQ (Stritzke & Butt, 2001). Other independent variables that were explored were perceived parental supervision and perceived parental attitudes towards drinking alcohol.

A Pearson's product moment correlation coefficient was used to explore the relationship between parental supervision and attitude, the 5 factors of reasons to abstain, limit drinking and alcohol use.

Multiple regression analysis was implemented to assess the extent in which Motives to abstain predicted alcohol intake by limiters. This was run after significant findings in correlation were identified between variables (Tabashnick & Fidell, 2007) and therefore gave rationale to further explore the variables.

6.3.2 Data Verification

Data were analysed using SPSS 22 (Version 22, SPSS Inc, Chicago). As suggested in the methods Chapter 2, and Chapter 4 & 5. A similar process was used to inspect data for missing values (White, Carpenter, Evans & Schroter, 2004) and implement coding of 999 to eliminate the participant non-response.

MANOVAs assumptions are towards normal distribution. Field (2009) states that the outcome variable should be normally distributed within the groups and overall the f test is

robust to non-normality caused by skew but not to outliers therefore this concept will be further visited in the next section relating to distribution and how the data was treated.

6.3.3 Data Distribution

The distribution was initially regarded using Z-Scores and Histograms (Field, 2009 & O'Brien et al., 2012). Calculating Z-Scores were achieved through the function in SPSS by which scores were derived by dividing measures of skewness and kurtosis by their respective standard errors. A test of normality was employed in SPSS to verify whether the data were distributed normally. A Kolmogorov-Smirnov test was employed over the Shapiro-Wilk as it is suggested that although Shapiro Wilk (Shapiro & Wilik, 1965) is reliable test of distribution it functions are more related to continuous data. Whereas the Kolmogorov-Smirnov test for score distribution is relevant to scale data (Fasano & Franceschini, 1987). The results are presented in tables 39 and 40. The null hypothesis that the data is normally distributed was not accepted as the only non-significant factor regarding levels of drinker and non-drinker split by nationality was fear of negative consequences. Therefore, further data treatment was regarded to gain normal distribution of data.

Table 40 (6.0): Distribution of scores for the MAAQ factors based on the Kolmogorov-Smirnov test in the Italian sample

Variable	Statistic	df	Sig.
Split by drinkers and non-drinkers			
MAAQ Drinkers			
Fear of Negative Consequences	0.094	209	$p < 0.001$
Dispositional Risk	0.305	209	$p < 0.001$
Family Constraints	0.182	209	$p < 0.001$

Religious Constraints	0.495	209	$p < 0.001$
Indifference	0.186	209	$p < 0.001$
MAAQ Non-drinkers			
Fear of Negative Consequences	0.113	56	$p = 0.071$*
Dispositional Risk	0.337	56	$p < 0.001$
Family Constraints	0.195	56	$p < 0.001$
Religious Constraints	0.502	56	$p < 0.001$
Indifference	0.169	56	$p < 0.001$

Table 41 (6.0): Distribution of scores for the MAAQ factors based on the Kolmogorov-Smirnov test in the English sample

Variable	Statistic	df	Sig.
Split by drinkers and non-drinkers			
MAAQ Drinkers			
Fear of Negative Consequences	0.081	87	$p = 0.200$*
Dispositional Risk	0.244	87	$p < 0.001$
Family Constraints	0.219	87	$p < 0.001$
Religious Constraints	0.470	87	$p < 0.001$
Indifference	0.184	87	$p < 0.001$
MAAQ Non-drinkers			
Fear of Negative Consequences	0.140	263	$p = 0.047$
Dispositional Risk	0.248	263	$p < 0.001$
Family Constraints	0.218	263	$p < 0.001$
Religious Constraints	0.233	263	$p < 0.001$
Indifference	0.148	263	$p = 0.028$

Outliers were identified using Hoaglin, Iglewicz & Tukey (1987, 1986) rules for outlier labelling. This was explained in Chapter 2 in detail and briefly in Chapter 4. The updated method was applied to the output from SPSS that depicts the Q1 and Q3 points and no

outliers were found to be statistically significant when this rule was applied. Therefore, it was decided not to remove data from the sample.

Skew and kurtosis were investigated in order to explore the rejection of the null hypothesis regarding normal distribution of data as reported earlier in the Kolmogorov-Smirnov test. Through inspection of skew and kurtosis there is definite skew in relation to primarily religious constraint (mainly seen in the Italian sample in a positive direction). Further to this asymmetrical distribution can be seen in that a Gaussian value of .0 (DeCarlo, 1997) has been violated. This would suggest that responses have been very similar and in most cases, there are leptokurtic forms in the factors of 'Dispositional Risk' and 'Religious Constraint' in the English (drinkers) and Italian samples of drinkers and non-drinkers. Skew is present in both samples positively in 'Religious Constraint', 'Dispositional Risk' and 'Familial Constraint'. There was a consideration towards further correction to the sample due to this skew. However, as there is a congregation of scores with similar ratings causing the skew and leptokurtic distribution this is an interesting phenomenon regarding real world responses (Graham, 2009). Tukey (1977) stated that transformation of data is a 're-expression' rather than a transformation. In fact, this argument can be considered as valid as Tukey himself had to alter the level of 'g' multiplier (as seen earlier; Hoaglin, Iglewicz & Tukey, 1987, 1986) to be more generous towards outliers. Therefore, effectively changing mathematical expression to fit thresholds of outlier labelling rules. The fact that real world data is essentially being modified to fit more closely with underlying assumptions of statistical tests can additionally cause a dilemma as to whether to convert data. Howell (2007) suggests that researchers should look towards transformation of data and compare transformed (converted) values to unconverted values to understand if both are depicting a similar story. After careful consideration, although it is much preferred to use unconverted

data, it became quite clear in certain factors that kurtosis and skew were rather heavily concentrated. Therefore, a log transformation was conducted over a square root transformation. Square root was rejected as it tends to equate group variance and compress the upper end of a distribution more than the lower end (Howell, 2007). Furthermore, use of a log transformation was closer to normal distribution than square root transformation. Finally, all tests were run on a listwise-basis as participants that had missing data on variables where coded using '999'. This ensured that they were excluded from the analysis.

6.4 Results

6.4.1. Participants' profile

In total 403 individuals took part in the survey with n=129 English respondents and n= 274 Italian respondents. English and Italians were aged from 18 to 35 and abstainers (English n= 40 & Italians N= 56; for difference see table 42, p292 & 43, 294) that did not take part in the other surveys due to being screened away from measures such as the AUQ, DMQ and AEQ were included in the sample total.

6.4.1.1 English respondents

In total, there were 94 (72.9%) females and 35 (27.1%) males, and therefore there was an over representation of females in the English sample. Religious belief in the sample consisted of and exact split of 46.5 % (n=60) and 46.5% (n=60) who had a belief and did not have a religious belief. The remaining 7% were those that did not specify this parameter as the item was not forced. Degree level, of education was reported by n=69; 53.5% of the sample. Postgraduate level was reported by 12.4% (n=16). In total, there were n=89

Drinkers and n=40 non-drinkers in the sample. Abstainer and limiters consisted of n=85, of which, 65.9% were limiters and 42 self-disclosed abstainers 32.6%. The remaining 1.6% (n=2) did not disclose whether they were abstainers or limiters. With regard to parental drinking, 66.7% (n=86) reported that their parents were actively drinking and 26.4% reported that their parents did not drink alcohol. Below is the full breakdown of the demographic characteristics of the English sample.

Table 42 (6.0): Demographic characteristics of English participants

N=129	N/n	%	Mean	SD	Range
Demographics profile England					
Sex of Participants					
Male	35	27.1%			
Female	94	72.9%			
Age	129		27.47	5.60	18-35
Ethnicity of participants					
White	41	31.8%			
White British	43	33.3%			
White European	5	3.9%			
Black Afro Caribbean	15	9.0			
Black African	7	5.4%			
Black	1	0.8%			
Asian	13	10.1%			
Mixed Race	15	11.6%			
Other (Unspecified)	1	0.8%			
Religious belief					
Yes	60	46.5%			
No	60	46.5%			
Education (n=129)					
Masters (PG)	16	12.4%			
Degree	69	53.5%			
Foundation Degree	6	42.7%			
HND	3	2.3%			

Alevels	17	13.2%		
BTEC/AVC	6	4.7%		
GCSE	3	2.3%		
Other (Non-specified)	9	7%		
Drinking Status				
Weekly Quantity of alcohol (Units)	89		16.44	12.92
			(units)	
Do you Drink Alcohol Yes	89	69%		
Do you Drink Alcohol No	42	31%		
Preloads	43	33.3%		
Does not Preload	46	35.7%		
Abstainer	40	32%		
Limiter	89	65.9%		
Parental drinking *(Do your parents drink?)*				
Yes	86	66.7%		
No	34	26.4%		
Not Specified	9	7%		

6.4.1.2 Italian respondents

There was n=274 Italian participants with 40.1% of sample consisting of male (n=110) and 59.9% (n=164) female. Overall, having a religious belief or not consisted of a near even split; non- religious individuals' in the sample totalled n=146 (53.3%) and those with a religious faith totalled n=115 (42%). Educational level of the respondents was varied with school and college recorded as their highest-level n=102 (37.2%), however, this additionally incorporates those that are still in education and studying for a degree. Masters level of education comprised 21.5% of the sample (n=59) and 19% at degree level (n=52). Thereafter some respondents noted their highest educative level as Technical School n=24 (8.8%), and High School Professional n=14 (5.1%). Drinkers and non-drinkers of the sample totalled

79.6% (drinkers; n=218) and 20.4% (n=56; Non-drinkers). Self-reported limiting and abstaining comprised of n=47 (17.2%) reporting that they abstained entirely from alcohol; and n=218 (79.6%) suggesting they limited their drinking. Parental drinking of alcohol within the Italian cohort showed that n=197 (71.9%) of their parents drank alcohol and 68 (24.8%) or the parents did not drink alcohol.

Table 43 (6.0): Demographic characteristics of Italian participants

N=274	N/n	%	Mean	SD	Range
Demographics profile England					
Sex of Participants					
Male	110	40.1%			
Female	164	59.9%			
Age	274		25.20	5.30	18-35
Ethnicity of participants					
White Italian	265	96.7%			
White	0	0%			
Black Afro Caribbean	0	0%			
Black African	0	0%			
Black	0	0%			
Asian	1	.4%			
Mixed Race	6	2.2%			
Other (Unspecified)	2	0.7%			
Religious belief					
Yes	115	42%%			
No	146	53%			
Education (n=129)					
Masters (PG)	59	21.5%			
Degree	52	19%			
School and College	102	37.2%			
Technical School	24	8.8%			
High School Professionale	14	5.1%			
11-13 School	10	3.6%			

Other (Non-specified)	13	4.7%		
Drinking Status				
Quantity of alcohol (Units)	218		13.80 (units)	11.45
Do you Drink Alcohol Yes	218	79.6%		
Do you Drink Alcohol No	56	20.4%		
Preloads	27	9.9%		
Does not Preload	190	69.3%		
Abstainer	56	17.2%		
Limiter	218	79.6%		
Parental drinking *(Do your parents drink?)*				
Yes	197	71.9%		
No	68	24.8%		
Not specified	9	3.3%		

6.4.2 Parental Supervision and Parental Attitude

The first set of analyses examines differences on perceived parental supervision (PPS) and perceived parental attitude (PPA) between the two nationalities. This analysis is important to understand if actual differences do exist between the two nationalities on their perceived parental supervision and parental attitude towards alcohol. Furthermore, male, and female differences were examined for sex difference that may be salient in PPS and PPA. The results are as follows.

6.4.3 Statistical analyses for nationality and Sex on differences in Parental supervision and Parental attitude towards drinking alcohol

6.4.3.1 Nationality

Demographics were tested to see if Nationality was statistically significant in relation to perceived parental supervision and perceived parental attitudes towards alcohol. A one-way

analysis of variance (ANOVA) was used to test for differences between the variables. There

was a non-significant Levene's therefore homogeneity of variance was assumed F (1, 386)

.560 p=.455 (ns) for perceived parental attitude. However, perceived parental supervision

was significant. Therefore, a Brown-Fosythe robust test for mean differences was reported

alongside the ANOVA to account for the violation of Leven's.

Table 44 (6.0): ANOVA Main effects of nationality and perceived parental supervision (PPS) an attitude towards drinking alcohol (PPA) between Italian and English respondents

Scale	Italian Mean (SD) (n=265)	English Mean (SD) (n=123)	ANOVA (Italy vs England)
Perceived Parental Supervision	1.81 (.55)	1.35 (.55)	F (1, 387) = 89.11, p= .001***
Perceived Parental Attitude (towards alcohol)	2.94 (.54)	3.06 (.40)	F (1, 387) = .77, p= .38

$p < 0.05$; ∗∗ $p < 0.01$; ∗∗∗ $p < 0.001$; (ns) not significant

PPS Scale: *1 always, 2 sometimes, 3 never, 4 don't know*

PPA Scale: *1=strongly opposed, 2=moderately opposed, 3=indifferent, 4=accepts in family, 5=approves in general and 6=not applicable*

There was no significant main effect found between nationality and perceived parental

attitude towards drinking *F* (1,386) = .77, *p* = .38 (ns). However, there was a significant main

effect present between England and Italy in supervision level as determined by one-way

ANOVA *F* (1,386) = 89.11, *p* = .001, ηp^2= .18, The partial eta squared suggested there was a

small effect size (Cohen, 1988 & Vacha-Hasse & Thompson, 2004) of nationality on

supervision. However, as there was a violation in homogeneity of variances in Levene's

statistic on supervision the Brown- Forsythe is reported *F* (1,182.97) = 70.56, *p* = .001. The

significant difference was up-held, and the direction indicated that Italian respondents (x̄ =

1.81, SD=.55) perceive supervision in their adolescence to be higher than in English respondents (x̄ = 1.35, SD=.55).

6.4.3.2 Sex-Differences

Sex differences were tested using a using a one-way analysis of variance (ANOVA). Levene's statistic was not significant for English Perceived Parental Supervision, English Perceived Parental Attitude, Italian Supervision, and Italian Parental Perceived Attitude, therefore homogeneity of variances was assumed. The following sections report on sex differences on PPS and PPA split by nationality.

6.4.3.3 English sample

Overall there were no differences found between British males and females on PPS or PPA. This suggests there were no notable sex differences of females being more supervised than males. Below are the results from the ANOVA (table 45).

Table 45 (6.0): ANOVA results table depicting main effects on sex and perceived parental supervision (PPS) an attitude towards drinking alcohol (PPA) in English respondents

Parental Factors: English	Males Mean (SD) (n=33)	Females Mean (SD) (n=90)	ANOVA (Males vs Females)
Perceived Parental Supervision	1.93 (.46)	1.77(.57)	$F_{(1, 122)} = 2.27$, p= .134
Perceived Parental Attitude (towards alcohol)	2.87 (1.22)	2.97 (1.23)	$F_{(1, 122)} = .53$, p= .696

$p < 0.05$; ∗∗ $p < 0.01$; ∗∗∗ $p < 0.001$; (ns) not significant

PPS Scale: *1 always, 2 sometimes, 3 never, 4 don't know*

PPA Scale: 1=*strongly opposed, 2=moderately opposed, 3=indifferent, 4=accepts in family, 5=approves in general and 6=not applicable*

6.4.3.4 Italian sample

PPS and PPA towards drinking alcohol were explored between males and females. Table 46

below depicts the ANOVA result.

Table 46 (6.0): ANOVA results table depicting main effects on sex and perceived parental supervision (PPS) an attitude towards drinking alcohol (PPA) in Italian respondents

Parental factors: Italian	Male Mean (SD) (n=106)	Female Mean (SD) (n=159)	ANOVA (Male v Female)
Perceived Parental Supervision	1.43 (.43)	1.30 (.36)	F (1, 264) = 6.42, p= .012***
Perceived Parental Attitude (towards alcohol)	2.89 (1.15)	3.17 (1.24)	F (1, 264) = 3.24, p= .073

$p < 0.05$; ∗∗ $p < 0.01$; ∗∗∗ $p < 0.001$; (ns) not significant

PPS Scale: *1 always, 2 sometimes, 3 never, 4 don't know*

PPA Scale: 1=*strongly opposed, 2=moderately opposed, 3=indifferent, 4=accepts in family, 5=approves in general and 6=not applicable*

There was a significant main effect found between Italian females and males on parental

supervision F (1,263) = 6.42, p = .012, ηp^2= .024, The partial eta squared suggested there

was a small effect size of supervision for male and females. The direction of the results

suggests that Italian females perceive parental supervision as higher in comparison to Italian

males. However, the mean scores for females ($\bar{x}$ = 1.30, SD= .36) and males ($\bar{x}$ = 1.42, SD=

.43) suggest that both are quite similar in score for higher supervision.

6.4.3.5 Same sex comparison on parental supervision

Considering the results between males and females within their own nationality versus

national differences a further examination was done to analyse English males versus Italian

males and English females versus Italian females. Levene's statistic was not significant for

English males versus Italian males for Supervision; or English females versus Italian females',

therefore homogeneity of variances were assumed.

There were national differences in both males and females, these are presented in tables 47

(male versus male; below) and 48 (female versus female); a summary follows each table.

Table 47 (6.0): An ANOVA and descriptive statistics table demonstrating the differences between Italian males and English males in supervision.

Parental factor	English Males Mean (SD) (n=33)	Italian Males Mean (SD) (n=106)	ANOVA (ENG Male v ITA Male)
Perceived Parental Supervision	1.94 (.43)	1.42 (.46)	F (1, 138) = 33.73, p= .001***

$p < 0.05$; ∗∗ $p < 0.01$; ∗∗∗ $p < 0.001$; (ns) not significant

Italian males were significantly different from English males in their perceived supervision

levels as adolescents' F (1, 138) = 33.73, p= .001. The mean score depicts that Italian males

($\bar{x}$ = 1.42) rate their supervision levels as higher than English males ($\bar{x}$ = 1.94).

Table 48 (6.0): An ANOVA and descriptive statistics table demonstrating the differences between Italian females and English females on supervision

Parental factors: Italian	English Female Mean (SD) (n=90)	Italian Female Mean (SD) (n=159)	ANOVA (Eng. Female v ITA Female)
Perceived Parental Supervision	1.77 (.36)	1.30 (.57)	F (1, 248) = 62.55, p= .001***

$p < 0.05$; ∗∗ $p < 0.01$; ∗∗∗ $p < 0.001$; (ns) not significant

Italian females were significantly different from English females in their level of supervision; $F_{(1, 248)} = 62.55$, $p = .001$. Italian females mean score ($\bar{x} = 1.30$) suggests that Italian females perceived themselves to have higher supervision of alcohol use and parental knowledge of where they would be and what time they were coming back home in comparison to English females ($\bar{x} = 1.77$). The next section looks at the MAAQ findings for nationality and sex differences. Parental supervision and attitude will be visited later in the chapter (see section 6.6).

6.5 Reasons for limiting and abstaining in English and Italian respondents

To assess national differences for reasons to limit or abstain from drinking alcohol a between-subjects' multivariate analysis of variance MANOVA was conducted. The outcome variables consisted of 5 factors; Fear of Negative Consequences, Dispositional Risk, Family Constraints, Religious Constraints, and Indifference. Variables that were analysed were nationality, individuals that limit their drinking (limiters), abstainers from drinking and sex (males and females).

6.5.1 Nationality

A one-way multivariate analysis of variance (MANOVA) was conducted to test hypothesis that there would be differences between nationality on reasons to limit and abstain from drinking alcohol. Pillai's Trace was chosen as it is robust to violations in homogeneity of covariance matrices and therefore is more conservative in its display of the canonical MANOVA derived combined outcome variable (Field, 2009; Chatfied & Collins, 2013).

A statistically significant effect was obtained, Pillai's' Trace= .096 F (5, 386) = 8.236 P < .001.

ηp^2= .08. There was a small effect size in the population samples which suggested that there

are significant differences between Nationality on reasons to abstain or limit drinking.

Further inspection was conducted to test what the differences existed between the 5

factors. The results of the ANOVA are depicted in table 49.

Table 49 (6.0): ANOVA Table showing differences between nationality on motives to limit and abstain from drinking alcohol

Motives for limiting and abstaining from alcohol	Italian Mean (SD) (n=265)	English Mean (SD) (n=127)	ANOVA (Italy vs England)
Fear of Negative consequences	3.06 (1.08)	3.11 (1.07)	F (1, 390) =.17 p = .700.
Dispositional Risk	1.68 (1.12)	2.04 (1.31)	F (1, 390) = 8.13 p =.005**
Family Constraints	1.84 (.89)	2.10 (1.17)	F (1, 390) = 4.19 p =.041*
Religious Constraints	1.15 (.50)	1.67 (1.92)	F (1, 390) = 36.31 p =.001**
Indifference	2.39 (1.26)	2.56 (1.31)	F (1, 390) = 1.49 p = .223

$p < 0.05$; ∗∗ $p < 0.01$; ∗∗∗ $p < 0.001$; (ns) not significant

National differences between English and Italians in the study show that there were

significant differences found for religious constraint, F (1, 390) = 36.31 p <.001 ηp^2= .08. The

finding suggested that religious constraint was more important in abstaining and limiting

alcohol drinking for English (x̄ =1.67, SD= 1.92) in comparison to Italian respondents (x̄

=1.15, SD=.50). Family constraint was found to have a significant main effect F (1, 390) =

4.19 p <.041 but with little effect size at ηp^2= .011. The direction of this was higher in English

respondents (x̄ = 2.10, SD= 1.17) in comparison to Italians (x̄ =1.84, SD .89), suggesting that

family constraint was more influential a factor for reasons to limit and abstain from drinking.

Dispositional risk was significant F (1, 390) = 8.13 p <.005 ηp^2= .02, this main effect suggests

that dispositional risk was rated higher amongst the English (x̄ =2.04, SD= 1.31) in

comparison to the Italian respondents (x̄ =1.68, SD=1.12). This factor, as stated earlier,

relates to having genetic intolerance, medical problems that do not permit drinking, abstaining due to being dependent on alcohol, or not drinking due to past parental drinking problems/dependence. Individuals with alcohol use problems were screened from the study and additionally checked on this measure, to ensure that any result would not relate to an individual with substance misuse/ dependent issues on alcohol. However, it is possible that amongst reasons that they could have family member with drinking problems which may make them limit or abstain their alcohol consumption.

6.5.2 Sex-Differences on reasons to abstain in the Italian and English sample

A MANOVA was utilised to look at sex differences, split by nationality. There was a significant main effect using Pillai's' Trace = .054 F (5, 259) = 2.47 P < .05. ηp^2= .05 with a small effect size, between Italian males and females. Table 49 below depicts the ANOVA results and descriptive statistics for the Italian respondents.

Table 50 (6.0): ANOVA showing differences between Italian males and females on 5 motives to limit and abstain from drinking alcohol.

Italian: Motives for limiting and abstaining from alcohol	Male Mean (SD) (n=106)	Female Mean (SD) (n=159)	ANOVA (Male v female)
Fear of Negative consequences	2.84 (1.15)	3.21(1.01)	F (1, 264) = 7.68 P = .006**
Dispositional Risk	1.58 (1.00)	1.74 (1.20)	F (1, 264) = 1.40 p =.237
Family Constraints	1.79 (1.20)	1.86 (.90)	F (1, 264) = .348 p =.556
Religious Constraints	1.09 (.90)	11.19 (.90)	F (1, 264) = 2.72 p =.100
Indifference	2.17 (1.18)	2.55 (1.30)	F (1, 264) = 5.92 P = .022*.

$p < 0.05$; ∗∗ $p < 0.01$; ∗∗∗ $p < 0.001$; (ns) not significant

Overall significant differences between Italian males and females were found for Fear of Negative Consequences F (1, 264) = 7.68 P < .006. ηp^2=.028 with a small effects size (Cohen,

1977). Fear of negative consequences relates to worry of poor performance in occupational or educational pursuits, general health, and loss of control of ones-self. Female Italians seemed to rate Fear of Negative Consequences as more important to them ($\bar{x}$ =3.06, SD=1.01) than Italian males ($\bar{x}$ = 2.84, SD= 1.15). The other significant factor was 'Indifference' towards alcohol; $F (1, 263) = 5.92$ $P < .022$. $\eta p^2=.02$. Indifference is related to the desire not to drink or not enjoying the smell or taste of alcohol in general. The directionality of the results suggests that Italian female respondents are higher in 'indifference' ($\bar{x}$ =2.55, SD=1.29) towards alcohol than males ($\bar{x}$ =2.16, SD=1.18).

The Pillai's' Test was not significant for the English sample (Pillai's' Trace= .065 $F (5, 386) = 1.145$ $P > .05$), however, fear of negative consequences was significant ($F (1, 127) =.4,63$ $p < .033$), with females in the English cohort rating this higher ($\bar{x}$ = 3.23) than males ($\bar{x}$ = 2.78).

The next table reports on difference between males and females on limiting and abstaining factors.

Table 51 (6.0): An ANOVA showing differences between English males and females on 5 motives to limit and abstain from drinking alcohol.

English: Motives for limiting and abstaining from alcohol	Male Mean (SD) (n=35)	Female Mean (SD) (n=92)	ANOVA (Male v female)
Fear of Negative consequences	2.78 (.93)	3.23(1.10)	$F (1, 127) = 4.63$ $p = .033*$.
Dispositional Risk	1.92 (1.07)	2.08 (1.12)	$F (1, 390) = .373$ $p=542$
Family Constraints	1.90 (1.16)	2.11 (1.18)	$F (1, 390) = .850$ $p =.358$
Religious Constraints	1.42 (.90)	1.75 (1.28)	$F (1, 390) = 1.92$ $p =.168$
Indifference	2.26 (1.20)	2.68 (1.31)	$F (1, 390) = 2.66$ $p =.105$

$p < 0.05$; ∗∗ $p < 0.01$; ∗∗∗ $p < 0.001$; (ns) not significant

6.5.3 Reasons to abstain in Abstainers and Limiters

Abstainers and limiters were examined in relation to what is important to them in terms of reasons to abstain or limit from drinking alcohol. The cohorts were split by nationality to consider the fact that they are clearly different in motivational levels hence there may be signature differences for both groups on limiting and abstaining.

An overall significant difference between Italian respondents was found; Pillai's' Trace = .31 $F (5, 259) = 23.57$ P < .05. $\eta p^2 = .3$. The effect size was moderate suggesting 30% of the difference could be identified because of group affiliation as an abstainer or limiter in the Italians.

In the English sample of respondents there was a significant main effect between Abstainers and limiters Pillai's' Trace = .27 $F (5, 121) = 8.84$ P < .001. $\eta p^2 = .27$, with a moderate effect size of group affiliation (27%) for reasons to abstain or limit drinking. To further inspect these results a between subject effects ANOVA was computed. The table below (52) displays the results for Italian abstainers and limiters.

Table 52 (6.0): An ANOVA and descriptive statistics table demonstrating the differences between Italian abstainers and limiters on 5 motives to limit and abstain from drinking alcohol.

Italian: Motives for limiting and abstaining from alcohol	Limiters Mean (SD) (n=218)	Abstainer Mean (SD) (n=56)	ANOVA (Italy vs England)
Fear of Negative consequences	3.05 (1.04)	3.10(1.29)	$F (1, 390) = .064$ p = .800
Dispositional Risk	1.72(1.12)	1.49 (.90)	$F (1, 390) = 1.61$ p =.205
Family Constraints	1.80(1.16)	2.01(.86)	$F (1, 390) = 2.05$ p =.154
Religious Constraints	1.15 (1.03)	1.17 (1.07)	$F (1, 390) = .086$ p =.770
Indifference	2.09 (1.26)	3.79 (1.19)	$F (1, 390) = 93.680$ p = .001***

$p < 0.05$; ∗∗ $p < 0.01$; ∗∗∗ $p < 0.001$; (ns) not significant

Findings for limiter and abstainers yielded little significance in most factors. However, one factor that was significant with a much larger main effect was 'Indifference' towards alcohol ANOVA F (1, 390) = 5.92 P < .001. ηp^2=.26. This significant result suggests that the most important factor within the sample for abstainers ($\bar{x}$ = 3.79 SD=1.19) was not enjoying the smell and taste of alcohol and being indifferent toward it in comparison to limiters ($\bar{x}$ = 2.09 SD=1.07). The next result displays the differences between the English abstainer and limiters (table 52).

Table 53 (6.0): An ANOVA and descriptive statistics table demonstrating the differences between English abstainers and limiters on 5 motives to limit and abstain from drinking alcohol.

English: Motives for limiting and abstaining from alcohol	Limiters Mean (SD) (n=89)	Abstainer Mean (SD) (n=40)	ANOVA (Italy vs England)
Fear of Negative consequences	3.13(1.08)	3.07 1.05)	F (1, 127) =.072 p = .789
Dispositional Risk	2.12 (1.38)	1.86 (1.16)	F (1, 127) = .883 p =.349
Family Constraints	1.76 (.89)	2.64 (1.44)	F (1, 127) = 17.93 p =.001***
Religious Constraints	1.76 (.89)	2.64 (1.44)	F (1, 127) = 25.20p = .001***
Indifference	1.32 (.80)	2.36 (1.52)	F (1, 127) = 11.71 p = .001***

$p < 0.05$; $** p < 0.01$; $*** p < 0.001$; (ns) not significant

The English sample showed that, Family Constraint, Religious Constraint, and Indifference were highly significant. Family Constraint F (1, 127) = 17.93 P < .001. ηp^2= .13 was scored higher by abstainers ($\bar{x}$ = 2.64 SD=1.44) than limiters ($\bar{x}$ = 1.76 SD=.90). Suggesting that in this set of English respondents that family disapproval and being brought up to limit or abstain from alcohol is an important factor. Furthermore, Religious Constraint F (1, 127) = 25.20 P < .001. ηp^2= .17 had a higher mean score for abstainers ($\bar{x}$ = 2.36 SD=1.53), rating religious reasons for not drinking in comparison to limiters ($\bar{x}$ = 1.32 SD=.80). Finally, there was a significant main effect on indifference towards alcohol and group affiliation of

abstainer of limiter; $F_{(1, 127)}$ 11.71 $P < .001$. $\eta p^2 = .09$. Hence simply not enjoying alcohol

for its taste, smell or not having the desire to drink was rated higher by abstainers ($\bar{x} = 3.11$

SD=1.34) in comparison to limiters ($\bar{x} = 2.29$ SD=1.22).

6.6 Bivariate correlations between 5 factors of limiting and abstaining from alcohol PPS, PPA, and alcohol use in in English and Italian respondents

To examine if there were any significant bi-variate relationships of alcohol consumption (in

units) and frequency (Binge) with supervision, Family attitude and the five factors 'reasons

for abstaining and limiting drinking alcohol' a correlation was utilised. The next paragraph

will show the results for the English respondents and after the Italian respondents.

6.6.1 Italian sample: bivariate correlations

Alcohol weekly consumption in units and the limiting factor of 'Indifference' showed a weak

negative relationship ($r= -.162$, $p< .05$) for Italians. This would suggest that the more

indifference an individual has towards alcohol the less overall alcohol consumption. This

was the only significant relationship in the Italian cohort regarding weekly alcohol

consumption in units (Quantity). Furthermore, there were no significant relationships

regarding binge drinking scores and the five factors of limiting and abstaining. Perceived

Parental Attitude (PPA) had a weak negative relationship for Italians in relation to their

weekly alcohol intake in units ($r= -.190$ $p<.05$). This suggested that as Italian parental

attitude was rated increasingly more positive towards alcohol drinking, unitary intake

decreased amongst respondents. Furthermore, parental attitude evidenced a significant

negative relationship with dispositional risk ($r= -.149$ $p<.05$) and family constraint ($r= -.140$

p<.05). This showed that as parental attitude became more positive towards alcohol, family pressure on an individual to limit their alcohol intake decreased. Finally, a more positive parental attitude towards alcohol showed a weak negative relationship with dispositional risk, again, suggesting that a more positive parental attitude towards alcohol was related to a lowered the likelihood of dispositional risk being present. The correlative table for these results is on the next page in table 54.

Table 54 (6.0): Correlation matrices of PPS, PPA towards alcohol drinking and 5 factors of reasons to abstain or limit drinking for Italian r espondents

	ALCOHOL QUANTITY	SUPERVISION (PPS)	ATTITUDE (PPADA)	FEAR OF NEGATIVE CONSEQUENCES	DISPOSITIONAL RISK	FAMILY CONSTRAINT	RELIGIOUS CONSTRAINTS	INDIFFERENCE
ALCOHOL QUANTITY	1							
AUQ BINGE	-.019	.060	.040	-.057	.027	.011	.005	.124
SUPERVISION (PPS)	.031							
ATTITUDE (PPA)	**-190****	.082						
FEAR OF NEGATIVE CONSEQUENCES	-124	-.116	-.092					
DISPOSITIONAL RISK	**-.163***	.126	**-.149***	**.340****				
FAMILY CONSTRAINT	-.075	-.098	**-.140***	**.528****	**.387****			
RELIGIOUS CONSTRAINTS	-.011	.098	.073	**.195****	**.500****	**.424****		
INDIFFERENCE	**-.162***	-.004	-.028	**.396****	**.291****	**.426****	**.334****	

*p<0.05, **p<0.1, *** p<0.01

6.6.2 English bivariate relationships

A Pearson's product moment correlation indicated there were three weak significant

negative relationships related to motives to limit or abstain alcohol drinking. As found in the

results of the ANOVA in the previous section these were; Religious Constraint (r= -.219 P<

05), Family Constraint (r= -.221 P<.05) and Indifference (r= -.315 P<.01.). However as

depicted in the bi-serial correlation in this section (table 55) the motives have a relationship

to alcohol intake in units. This suggests that as 'Indifference' to alcohol rises in score weekly

alcohol intake in units decreases. The result for religious constraint suggests that as scores

get higher in religious constraint, weekly intake of alcohol units decrease. Finally, as family

constraint is scores higher this additionally has a relationship with lowering weekly intake of

alcohol in units. This suggests that these motives may serve as protective factors in lowering

intake for English drinkers in this sample. To explore this relationship further a regression

analysis was conducted to test these relationships.

Table 55 (6.0): Correlation matrices of PPS, PPA towards alcohol drinking and 5 factors of reasons to abstain or limit drinking for En glish respondents

	ALCOHOL QUANTITY	SUPERVISION (PPS)	ATTITUDE (PPADA)	FEAR OF NEGATIVE CONSEQUENCES	DISPOSITIONAL RISK	FAMILY CONSTRAINT	RELIGIOUS CONSTRAINTS	INDIFFERENCE
ALCOHOL QUANTITY	1							
AUQ BINGE	.179	-.012	.130	-.062	-.027	-.074	.065	-.073
SUPERVISION (PPS)	**-.188**							
ATTITUDE (PPA)	-.162	**-.265***						
FEAR OF NEGATIVE CONSEQUENCES	-151	.017	.069					
DISPOSITIONAL RISK	-.022	.198	.123	**.561****				
FAMILY CONSTRAINT	**-219***	.120	-.058	**.505****	**.572****			
RELIGIOUS CONSTRAINTS	**-.221***	.098	.071	.128	**.231***	**.402****		
INDIFFERENCE	**-315****	.157	-.024	**.428****	**. 320****	**.548****	**.280****	

* *p* < 0.05; ** *p* < 0.01; *** p < 0.001

6.7 Predicting alcohol quantity with motives to limit drinking in Italian and English respondents

A multiple regression analysis was computed to examine if 'Motives to Abstain and Limit Alcohol Drinking' predicted alcohol intake in units only as it did not display any results for binge drinkers. Relationships were found in English and Italian respondents on limiting drinking related to Family Constraint, Indifference, and Religious Constraint. However, before presentation of results diagnostic tests were used to evaluate the regression model. Field (2009) and Tabashnick & Fidell (2007) suggest examining residual and influential cases. This was performed as residuals represent difference of the observed and predicted values. Therefore, a good model fit will have small residual values (Field, 2009). Z scores were computed using SPSS as a function of adding them into the GUI matrix and therefore are easier to inspect. Tabashnick & Fidell recommend that 99% of residuals fall between -3.29 and +3.29. Careful inspection was performed, and no outlaying Z scores were present.

Further steps were incorporated in examining the variance inflation factor (VIF). This was to check if any issues of multicollinearity were present. Hair et al., (1995) suggest that a maximum level of 10 is acceptable, however the rule that was followed was Pan & Jackson's (2008) maximum level of 4. Variance inflation factor was recorded at VIF = 1- 1.092 in the Italian sample and VIF = 1.00 for all outcomes in the English sample. Therefore, the statistics were not in violation of multicollinearity. Durbin Watson (Field, 2009) was additionally employed to check for independent errors, namely a lack of correlation between models. Field (2009) argues that a positive relationship will exceed the value of 2 and negative below 2. It is considered that below 1 and above three are problematic (Field, 2009). For both Italian and English models' values of dL= 2.20 and dL= 2.04 were present in the regression

output. This indicated that residuals were not inter-correlated. *ZRESID and ZPRED were

illustrated using a scatterplot to check for linearity and homoscedasticity. Osbourne &

Waters (2002) and Osbourne (2003) suggest that if the residuals have a similar variance

then linearity cannot be assumed. This is visualised via a graph by being evenly dispersed.

Furthermore, histograms and P-P plots were checked for normality using Field's (2009)

examples of normally assumed histogram examples and non-normal and normal P-P plots.

These diagnostic techniques depicted that there was heteroscedasticity in both. Caution

was taken due to this result and Hayes & Cai's (2007) correction was applied in SPSS using

syntax (see appendix VI, p439) as it is a more robust model for estimating ordinary least

squares (linear least squares) method.

Figure 23 (6.0): A Scatterplot illustrating the relationship between Standardised predicted values and standardised residuals for alcohol use quantity for the Italian model.
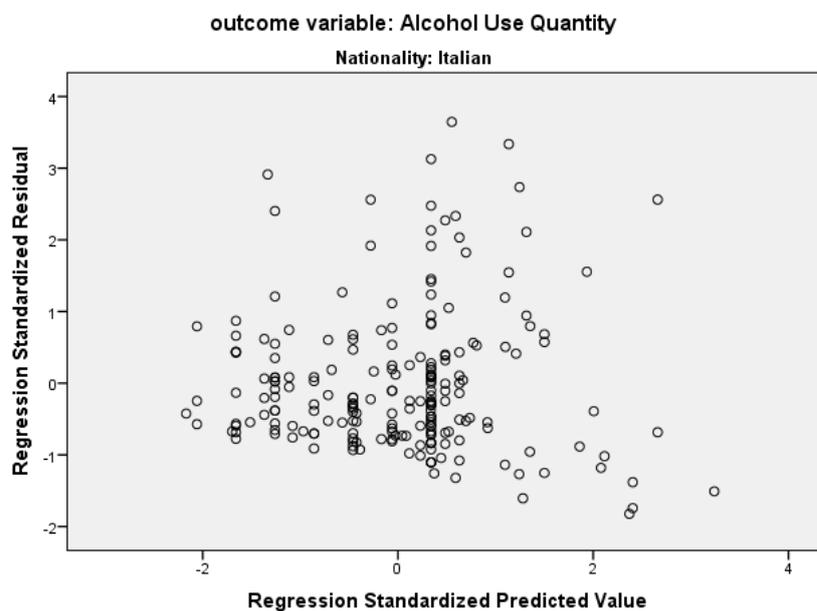
Figure 24 (6.0) A Scatterplot illustrating the relationship between Standardised predicted values and standardised residuals for alcohol use quantity for the English model

outcome variable: Alcohol Use Quantity

.
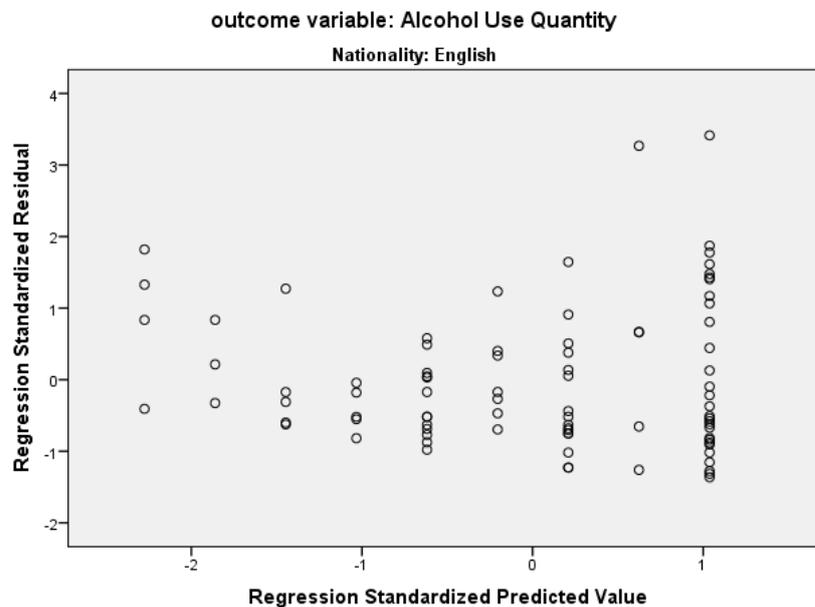
6.7.1 Summary of the results for regression

The results of the regression are displayed in table 56 for the Italians and table 57 for the

English respondents. An 'enter' method was used for the regression as there was no specific

theory to suggest the order. A multiple regression was conducted to examine if factors of

abstaining and limiting alcohol drinking predicted weekly alcohol intake in units for in Italian

respondents. A significant regression equation was found (F (5, 208), 4.25, p=.001) with an

overall model fit of 30.8 %, R^2=.308, ΔR^2=. 14. There was a significant negative relationship

for dispositional (β = -.30, -3.72 p=001) risk predicting a negative intake of alcohol units per

week, and indifference (β = -.16, -2.11 p=036). This suggests that as indifference and

dispositional risk rises in limiters alcohol unitary intake decreases.

Table 56 (6.0): Tabulated results of multiple regression using indicator variables; motives to limit drinking to predict alcohol use in quantity in Italian respondents.

	B	SE B	β
Constant	19.57	2.86	
Dispositional Risk	-2.97	0.80	-0.30*
Indifference	-1.78	0.84	-2.11***
Fear of negative consequences	-1.55	0.93	-0.14 (ns)
Religious Constraints	-1.80	2.04	-0.07 (ns)
Family Constraints	-0.25	1.18	-0.02 (ns)

$p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; (ns) not significant

The table below shows the results of predictive relationships between the 5 factors of

motivations to limit an abstain from drinking and weekly alcohol intake.

Table 57 (6.0): Tabulated results of multiple regression using indicator variables; motives to limit drinking to predict alcohol use in quantity in English respondents.

	B	SE B	β
Constant	27.70	4.56	
Dispositional Risk	-1.79	1.27	-0.19(ns)
Indifference	-2.67	1.37	-0.24**
Fear of negative consequences	-1.09	1.64	-0.09 (ns)
Religious Constraints	-2.36	1.81	-0.15 (ns)
Family Constraints	-1.09	2.15	-0.09 (ns)

$p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; (ns) not significant

The enter method was used for the multiple regression. This analysis was conducted to

observe if factors of limiting alcohol drinking predicted alcohol use in weekly self-reported

unitary intake by English respondents. A multiple regression was conducted to examine this,

and a significant regression equation was found ($F_{(5, 86)}$, 2.63, p=.029). There was an

overall model fit of 37.4 %, R^2=.374, ΔR^2=. 14. One factor, 'Indifference' to alcohol was

borderline significant (β = -.24, -3.72 p=0.50) and predicted alcohol units decreasing as indifference rose.

6.8 Discussion

The study explored reasons why Italians and English social drinkers limit or abstain from drinking through psychometric measurement of social cognitions regarding 'Motives to limit and Abstain from Drinking' (Strike & Butt, 2001). The studies implications in relation to theory, policy and further research will be discussed in detail in Chapter 7, however general findings and limitations will be considered in the following section.

6.8.1 Supervision and parental attitude

There was a difference regarding perceived parental supervision for participants'. This related to parents knowing where the respondent was when they were an adolescent and setting times to come home by. Italian respondents showed that they perceived that their parents always knew where they were therefore they had a high level of supervision. English respondents perceived parental supervision as lower in that they were not always set times to return home and that their parents did not always know where they in relation to social time spent and drinking incidents. This finding is consistent with LeDoux, Miller, Choquet & Plant (2002) who found that French adolescents were given more monitoring and supervision in comparison to English. Italian females were noted to have a higher perception of parental supervision than males, whereas English respondents evidenced no sex-differences in terms of this. The finding poses that there may be some traditional focus

towards sex-differences in relation to amount of supervision given regarding Italian females (Cookston, 1999). However other studies have found little significance on male and female differences in factors to abstain from drinking (Stritkze & Butt, 2001; Epler, Sher & Piaseki, 2009) through parental supervision and family constraint.

This chapter also investigated if parental supervision had a relationship for the two nationalities on weekly units consumed and binge score. However, there were no relationship found between alcohol intake and perceived parental supervision regarding the Italian cohort. There was a weak negative relationship between English alcohol consumption in units and parental supervision. This suggested that the higher the supervision was perceived the lower the alcohol intake for the English cohort. This was a weak relationship which most certainly suggests that it may be a factor that is important amongst other protective factors that could be of influence in abstaining or limiting drinking. Furthermore, this measure is a retrospective recall of supervision therefore possibly the result is more coincidental than anything. There was significance in relation for the Italian cohort between perceived parental attitude of drinking and their own alcohol intake in units on a weekly basis. This suggested that individuals that perceived their parents moderately opposed to alcohol drinking has a relationship with lowering weekly alcohol unitary intake. This finding is most relevant as the respondents were asked to look back retrospectively to their adolescence and rate their parents on supervision and attitude towards drinking. Hence parental attitude would be more pertinent as a protective factor in terms of social learning towards alcohol. Hence it could be postulated that those growing up with moderately opposed parents who do not completely disown the practice of drinking could have a part to play in instructing social cognitions and expectancies in their children which could possibly mediate drinking in young adulthood. These are basic principles of social learning

theory which are relevant to initiation and instruction of alcohol drinking norms amongst many other factors that influence expectancies for individuals (Kuntsche, et al., 2006)

6.8.2 Reasons for limiting and abstaining from drinking

In the English sample, there were significant negative correlations between weekly alcohol consumption and Religious Constraint, Family Constraint, and Indifference. The findings for the correlation section suggested that the relationship to weekly alcohol consumption was negative suggesting that these factors had an effect of lowering alcohol intake. This posits that religion and family play an integral part in protection of a young adults drinking level and these practices may span through their adulthood (Strizke & Butt, 2001). However, when testing for predictive relationships indifference was the only factor that came out as a significant predictor for lower alcohol intake in both Italian and English samples. Strizke and Butt's (2001) findings on reasons for abstaining or limiting drinking support that Indifference is one of the most important factors in relation to abstain from drinking. Therefore, Indifference towards alcohol could be a natural result intuitively suggesting that those who do not enjoy alcohol simply drank less.

One other predictive factor for Italian respondents, Dispositional risk, showed a significant negative relationship to weekly alcohol consumption which suggests decreased drinking due to medical and genetic risk factors. For example, having a medical condition, genetic issues relating to alcohol would predict drinking to be lowered (this is an obvious finding). Overall little significance was found for predictive relationships regarding the Italian sample in

relation to weekly alcohol intake and factors on limiting drinking. The result was surprising as it was assumed that Italians would ascribe more importance to family constraint and religious factors when considering limiting drinking.

Focusing on differences between nationalities by direct comparison, the MAAQ showed that Family Constraint was significantly higher for the English participants than the Italians. This factor suggests that family members being negative towards a respondent regarding alcohol drinking, and/or a respondent who is brought up not to drink influenced decreasing use for the English population of this study. Furthermore, Religious Constraint was also significantly higher for the English sample in comparisons to the Italian one. This was an unexpected result as it was considered that Italian individuals would have more pressure from religious constraint and family constraint. In fact, positive, parental attitude towards alcohol showed a negative relationship with family constraint for Italians. This suggested that a different behavioural style regarding social learning and alcohol use may exist in Italy. More positive messages about alcohol and family example of use may be related to this finding; rather than negative attitudes towards drinking and prohibition of alcohol to young persons. However, this concept would have to be studied further as there were no predictive relationships related to this finding, therefore it is speculative.

Considering the finding for English individuals' that family and religious constraint lowered alcohol intake. It is possible that this reflects a specific demographic characteristic as the English sample was collected from London and greater London. Therefore, they are more ethnically and religiously diverse. This possible variable would have been useful to explore,

however, there were not enough respondents to explore differences between ethnic groups as groups were too varied in sample size. Therefore, this hypothesis is therefore speculative.

Religious constraint as a motive was lower for Italians than English participants. However, Italy is known as a Catholic nation and religion is generally considered to be important but diffused. Therefore, it could be that claiming religious affiliation does not have the same connotation in Italy in comparison to an individual in England. The Catholic religion uses alcohol in its ceremonies and masses (taking the Eucharist or general intake for convivial events; marriages, christening etc.). For example, wine is regularly used in service in the Catholic Church and there are no rules of abstinence. Therefore, it may not be seen that it important to abstain from alcohol because of religious edict, or that alcohol is a sinful act. Further Catholic affiliation is more an automatic result of being born in an Italian family rather than a choice, therefore, it may not necessarily heavily influence day to day life choices. In addition, the questionnaire does not allow to differentiate those who practice the religion regularly from those who do not.

Furthermore, the MAAQ questionnaire itself could be of issue in terms of recording religious constraint. For example, religion as factor consists only of two items and is not broad enough to incorporate differences in religious instructions (Strizke & Butt, 2001). The MAAQ (Strizke & Butt, 2001) regards disapproval by religion (institutional or spiritual) of alcohol and focuses on enforced abstinence. It does not suggest other routes to limitation or abstinence within religion. This may limit respondent's answers to their spiritual beliefs that could be moderating their drinking. However, the results in the English sample support

findings of Slicker (1997) that religious constraint can be a factor in limiting alcohol intake for English respondents.

Finally, the results regarding gender differences suggested that females scored higher on fear of negative consequences in comparison to males in the English and Italian sample. These findings support gender specific norms in that alcohol use in males is more positively reinforced by society than for females (Kuntsche, et al., 2015). This is further supported by findings on personality factors in that males are more impulsive and are higher sensation seekers than females and therefore are more positively reinforced by alcohol (Kuntsche, et al., 2006; Kuntsche, et al., 2008; Kuntsche, et al., 2015). Therefore, Italian, and English females limit their drinking in order to have more control in a situation, to have less negative effect on academic and work performance; and to protect themselves from being vulnerable, as well as from risk of harm (Stritzke & Butt, 2001).

In summary, the main findings evidenced in this study were that that perceived parental attitude towards alcohol, indifference towards alcohol and religious constraints may play a key role in English young people's decision to limit alcohol intake or abstain from drinking. In the Italian sample, indifference was the main reason to limit drinking. More detailed discussion and links to other studies as well as limitations will be presented in chapter 7.

6.9 Implications for the thesis

Overall some of the findings in this chapter were important to understand what factors influence young people's decision to limit their drinking. Interestingly, there were

unexpected results showing that family constraint and religion were more important for the English participants in comparison to the Italians. Overall, indifference to alcohol was a key limiting factor for both English and Italians. These findings may have important implications for harm reduction interventions and policies. Chapter 7 will discuss the results in the context of the other studies presented in this thesis as well as existing relevant literature. There will be considerations into what can be useful to inform policy in the ongoing public health response to alcohol drinking. Further Chapter 7 seeks to present and discuss how the present thesis contributes to broadening knowledge about cultural differences in relation to alcohol drinking behaviour. Finally, limitations will be examined, and future research identified considering the outcomes of these studies.

Chapter 7: Discussion and conclusions

This chapter provides a summary of the findings from chapters 3, 4, 5, and 6 of the thesis. It endeavours to explain the contribution to knowledge that can be extrapolated from the overall results. Furthermore, it discusses the implications of these findings in relation to informing policy and subsequently the limitations are presented. Finally, the chapter concludes by describing and discussing recommendations for future studies which have been elicited from the thesis.

7.1 Introduction

The aim of the research was to explore whether there are national differences in alcohol drinking comportment between Italian (southern European) and English (central/ mid European) young people and what factors may influence this behaviour. Alcohol drinking variables included weekly alcohol consumption in units and a measure of binge drinking. Possible contributing factors included: 'Motives to Drink', 'Motives to Abstain and/ or Limit Alcohol', 'Alcohol Outcomes Expectancies'.

The present study confirms the initial research question that there would be a difference between Nationalities as shown in the national profiles of alcohol consumption (WHO, 2014; see chapter 1). Therefore, it was considered they would inform and highlight important factors which would help to target risky and heavier drinking, as well as promote moderate drinking. The thesis contained seven research questions which attempted to explore and describe why the two nations are diverse in their drinking from a socio-cognitive perspective. These research questions and the findings summary is listed in table

58 (<mark>page 324 of this chapter</mark>) and an in-depth exploration, and relation to theory are discussed later in the chapter.

A mixed method approach was utilised to address the research questions. Initially a qualitative phase was undertaken to explore individuals' <mark>experiences of socially drinking alcohol</mark> in order to highlight a number of key areas of interest for this research. From this inductive phase, the research questions that were elicited were tested quantitatively to provide empirical results to answer them. <mark>A quantitative study was utilised to</mark> explore socio-cognitive motivations and expectancies held by the two nationalities to understand similarity between factors most relevant in relation to social drinking. Furthermore, socio-cognitive factors that show differences in why individuals drink and what motivates them to abstain and limit their drinking was tested in the quantitative phase of this thesis. The quantitative phase additionally attempted to measure differences of unitary intake in relation to socio-cognitive concepts of what motivates individuals to drink, to abstain or limit their alcohol intake. Perceived parental attitude and supervision was measured to gain data on to what level individuals perceived they were supervised in adolescence or as young adults. This was employed to try and investigate whether retrospective recall of parental monitoring was related to alcohol intake and motive to drink or limit /abstain from alcohol. These findings will be discussed in depth and related to the relevant theories in the next section.

7.2 Summary of findings

This section provides a summary of findings for the thesis. The results are separated by the research questions which were generated by the literature review set out in Chapter 1. Recommendations from the findings are briefly outlined, and explained more fully in section 7.3.

Table 58 (7.0): summary of overall findings on differences and similarities into social drinking in Italians and English participants

Research Question	Results relating to the question	Recommendations / implications
I. What are <mark>individuals' experiences</mark> of alcohol drinking practices in England and Italy, and what are the differences between them? (Chapter 3)	1. Qualitative phase: elicited themes around social use of alcohol in Italy and England: 1. **Parental consumption of alcohol** Recalled differently with Italian participants never having seen their parents drunk. Conversely, English participants noting covert parental drunkenness one or more times (in some cases parents tried to cover their drunkenness by making explanations non-related to alcohol). 2. **Peer interaction with alcohol**:	Alcohol was perceived as a substance that is used to drive social interaction for the English participants of the study. This informed the next phase of the thesis and focus on examination of motivation for individuals in both countries (supported by themes; emotion and motives and drinking to get drunk). This highlights that there is different emphasis pre and post drinking alcohol. Additionally, it is an important finding to inform and support policy regarding the new Local Alcohol

| | English respondents discourse centred on peer approval of drinking to get drunk and on negative judgement / insistence towards drinking alcohol if the interviewee did not drink on occasion or drank to little alcohol (in-group perception). Italian respondents suggested that individuals who drink too much (uncoordinated movement and speech due to cognitive impairment from alcohol) are will generally be judged negatively.

3. Protective factors:
Italians recalled parental supervision and monitoring in their everyday life (inclusive of alcohol intake education and monitoring), whereas some English participants reported low parental monitoring in relation to alcohol use. | Action Areas (LAAA) in expanding alternative and diverse and vibrant night-time economies not centred on alcohol (Home Office, 2016; see section 7.4 of this chapter).

Italians social interaction was more centred on food, and alcohol was not necessarily at the forefront of socialisation and conviviality. This finding supports the policy that was put into action by the Italian government on alcohol prevention month (April) and harm reduction through education in lifestyle choices (WHO, 2017). |

4. Emotions and Motives:

Individuals suggested that they drink to be disinhibited to escape reality and to aid social situations (England and Italy). Guilt and shame was present in that individuals may have acted disproportionately in a variety of situations such as violence, anger, and arguments (England). Risky sexual behaviour (England) was recalled by males and females to suggest peers in risky and exhibitionist sexual acts, or acts they had regretted or felt were risky and shameful.

5. Drinking to get drunk:

Drinking to get drunk was disclosed by both nationalities, but was more of a focus and recalled more readily by English participants towards it being important for social situations.

	6. Gustatory product:	
	Alcohol was fundamentally tied with food for the Italians as it was highlighted in discourse with detail and knowledge that is transmitted from generation to generation. This was highlighted as an institution to Italians suggesting it is historic and cultural.	

	Research Question	Results relating to the question	Recommendations / implications
II.	Are there differences in the consumption and frequency of drinking between Italian and English respondents? (Chapter 4)	1. Differences were significantly present regarding binge drinking scores between English and Italian participants. English individuals had higher binge drinking scores in comparison to Italians. 2. Weekly unitary Intake of alcohol was not significantly different.	Confirmatory finding that supports published literature showing that English binge drinking is generally more prevalent in England than in Italy and other European countries (WHO, 2015, 2014, 2010)

		This finding is interesting as it confirms that the main difference lays in the modality of alcohol use, rather than quantity. This is very relevant from a public health perspective as frequent and intense binge drinking has been found to be associated with risky behaviours, brain functioning alterations and cognitive deficits.
Research Question	**Results relating to the question**	**Recommendations / implications**
III. What are the differences and similarities in alcohol motives for Italian and English adults? (Chapter 4)	1. English participants scored significantly higher in comparison to Italians on Social, Enhancement and Coping motives. 2. Social motives to drink were significantly higher for male than female English participants. This gender difference was not present in the Italian sample.	English participants' predictive relationship between using alcohol to cope and rising weekly units is important and informs that policy should focus on mental health and alcohol consumption as a primary prevention in the population. The Home office (2016; 2017) pledges to improve and focus on preventative strategies for individuals' mental health. Although this area is vast and has multiple

	3. English females had the highest mean score for using alcohol to cope with negative affect. 4. Italian males scored significantly lower than English males on all motives to drink alcohol. 5. English females were significantly higher than Italian females in drinking to Cope, to be Social and to Enhance their social events. 6. Predictive relationships were significant in a negative direction which proposed that higher Conformity as motive lowered alcohol unitary intake in Italians 7. Predictive relationships for social drinkers suggested that the motive drinking to 'Cope' had a positive predictive relationship of heightening weekly unitary intake of alcohol for English participants.	foci, a consideration towards coping motives being highlighted in relationship towards rising alcohol drinking is important. Working towards alternative choices to managing stress and negative effect would certainly aid in early prevention of later mental health problems and cost to the NHS, criminal justice system and wider society, as well as families and individuals. Recommendations are in brief below relating to this finding. The Local Alcohol Action Area (Home office, 2016) is currently being piloted and looks to develop new initiatives. However, LAAAs may choose to ensure better health and reception in disease burden via prevention. Informing and educating MOPs on using alcohol as an unhealthy

| | 8. English binge drinkers had a significant predictive relationship with Coping motives to drink alcohol rising with binge drinking score. | coping tool may help reduce A & E admission, later mental health problems and promote a more health local area, as well as, reduce cost to the NHS on admissions and A & E.

English females in general rated coping as higher than males. This result has been identified in other research relating to drinking motives (Foster, et al., 2014) and can have some very negative effects on individuals' mental health. Therefore, a recommendation alongside education and information from LAAAs (improving mental health) would be to target the general population, however a focus on females using a primary preventative prevention campaign would be beneficial to aiding individuals to consider |

| | | alternative options for their lifestyle choices such as mindfulness (Langer, 1989) or physical activity.

Coping predicting rising binge drinking scores in English respondents was a confirmatory finding that supports the literature that using alcohol to cope can become a negative reinforcing practice and that conformity is generally present (Cooper, et al., 1995; Tingey, et al., 2017). |

	Research Question	Results relating to question	Recommendations / implications
IV.	Are there differences in alcohol expectancies between Italian and English adults? (Chapter 5)	1. Overall there was a difference between Italian and English participants on Sociability, Liquid Courage, Tension Reduction, and Sexuality with English scoring higher than Italians.	The finding related to Italians scoring higher on self-perception as a negative alcohol outcome expectancy and the negative relationship with weekly alcohol unitary intake and conformity confirms that group norms act to influence

	2. Italians scored significantly higher than English participants in one the negative expectancies of Self-perception. Self-perception suggests that the individual self-monitors behaviour and is critical of oneself.	reduction of alcohol consumption. The recommendation from this can relate to LAAA on diverse and alternative socialising spaces that are less alcohol focused and more integrated. This may shift social norms to more moderate comportment and would offer less stigmatisation of individuals that do not drink alcohol in England. Furthermore, emphasising and preserving the success of this practice in Italy (the tradition of the passeggiata and socialisation that is mixed in ages and strata of society) may help to preserve self-monitoring, socialisation with inclusion of all ages and groups, and in turn may help to moderate drinking practice.

	Research Question	Results relating to question	Recommendations / implications
V.	Do English respondents have higher positive alcohol expectancies and is this related to the level of alcohol intake? (Chapter 5)	1. Overall, English participants did have higher scores on positive expectancies in relation to drinking alcohol and there was a predictive relationship found for English participants on Global positive alcohol outcome expectancies and weekly unitary intake.	Overall higher scores of positive alcohol expectancies tend to generate higher alcohol intake and rising intake for individuals (Chapter 1; Fromme, et al., 1995). This is a supportive finding to motives to drink from chapter 4 regarding higher social, enhancement and coping motives in English participants to the thesis.

Furthermore, this highlights a prompt need to challenge expectations towards what alcohol can achieve for an individual (such as tension reduction, risky sex, and |

		liquid courage). Sociability is of importance as alcohol is intertwined in tradition with individuals' social life and this can be useful in society. However as touched upon earlier in this table there is need to moderate what social use is. Drinking to get drunk in some instances in the English participation of the thesis was evidenced as an important social concept.
Research Question	**Results relating to question**	**Recommendations / implications**
VI. How does recall of perceived supervision when younger differ between English and Italian participants? VII. (Chapter 6)	1. Supervision was shown to be significantly different with Italians reporting higher perceived parental supervision than English participants. 2. There were no significant differences in perception of supervision when an adolescent between English males and females.	One of the aims of the thesis was to look at if there were differences between two nationalities and prospective adolescence sensitivity of parental monitoring and supervision. Additionally, if this corresponded with alcohol intake in weekly units. The finding that Italians rate their prospective parental monitoring as significantly higher than English

| | 3. Between Italian males and females there was a difference in perceived parental supervision with Italian women perceiving higher supervision in comparison to Italian males.

4. English males versus Italians males showed a significant difference in supervision levels with Italians reporting higher supervision. Similarly, Italian females additionally scored supervision in adolescence significantly higher than English females.

5. Instances of viewing 'parental drunkenness' was significantly higher for English participants in comparison to Italian participants.
No predictive relationships were found for Italians or English participants in relation to binge score or weekly unitary intake of alcohol on PPS or PPA. | participants supports LeDoux (2002) findings of French young adults as having higher monitoring then English young adults regarding alcohol and knowing where the individual is.

Recommendations suggest investment in cultural differences in parental practices and further investigation on parental supervision and monitoring around alcohol use. Areas of interest would relate to viewed level of drunkenness of parents and parental monitoring styles (zero-tolerance through to passive; Carroll, et al., 2016). Between different cultures this can aid in investigating potential moderators to alcohol outcomes and use alongside parental supervision and monitoring. |

	Italians showed a weak negative correlative relationship of parental attitude lowering weekly alcohol intake in units. This was not supported as a predictive relationship when using regression analysis.	
Research Question	**Results relating to question**	**Recommendations / implications**
VIII. What degree of emphasis has been placed on either limiting or abstaining from alcohol what are the factors that influence the decision to do this? (chapter 6)	1. There were differences between Italian and English participants on 5 factors to limit and abstain from drinking alcohol. English participants scored higher in Family and Religious Constraint towards alcohol. Suggesting that religious objection towards alcohol and family disapproval of drinking was important to them. 2. Dispositional Risk was scored significantly higher by Italians in national comparison. This suggests that genetic intolerance / a medical condition and family problematic use was the	Findings in the thesis for this question highlighted that there were more traditional beliefs in English participants regarding limiting and abstaining from alcohol. This was not expected as suggested from the literature (chapter 1) that a more traditional mindset may exist in Italians regarding family constriction and possible religious constriction in limitation rather than abstention. This finding in English individuals could reflect the higher level of differing ethnicity and

	most important factor to limit or abstain from alcohol for Italian participants.	religious beliefs in the sample. However, family constraint is a useful concept for recommendation regarding further research into cultural / national differences in parental practices and further investigation on parental supervision and monitoring around alcohol.
	3. Italian male and female comparison on motives to abstain or limit drinking was significant with higher scores from females related to fear of negative consequences. suggesting that they are more worried of alcohol affecting their study, work, and having a generally negative view of individuals who are drunk.	
	4.English females were significantly different to males with fear of negatives consequences being of importance to limiting and abstaining from alcohol drinking.	
	5. Comparison of Italian abstainers and limiters within the study showed that abstainers from alcohol scored higher on indifference towards alcohol (not liking the taste or no desire to drink).	

| | 6. English abstainers scored Family & Religious Constraint, and Indifference higher than limiters in motives not to drink alcohol.

7. Predictive relationships signified for Italian participants, Dispositional risk and indifference were important for lowering weekly unitary intake.

8. English respondents signified one factor of indifference that predicted lower weekly unitary alcohol intake for individuals. | |

7.3 Contribution to Knowledge and Theory

7.3.1 National differences in drinking characteristics

The quantitative studies in chapters 4, 5 & 6 and the summary table (57) reveal that there are differences between the two nationalities for alcohol intake and binge drinking levels. Overall national differences exhibited that mean unitary intake by Italian participants was lower than English participants (Chapter 4, section 4.5.1). This lends support to overall national findings that alcohol unit intake per capita is generally higher for English individuals (England 10.6 per capita compared to Italy 6.1 per capita; WHO, 2016).   Binge drinking means were significantly higher for English participants' in comparison to Italians which has been revealed in the past (WHO 2005, ONS, 2005; ESPAD, 2007), and is currently evident in that the two countries are different on their binge drinking status; Italy being lower and England higher (ISTAT, 2013; BCS, 2014; WHO, 2014, WHO, 2017). The national demographics of participants for England and Italy were quite different. The sample for England varied inrelation to ethnicity, over half of the total respondents were classified as White English and the remaining portion were ethically varied, whereas the Italian sample majority was identified as 'White Italian' with very few ethnic minority participants (see ethnicity demographics p214 participant profile). Overall, males drank more units per week than all other groups and the group consuming the lowest number of units being Italian females. The gender difference with males drinking more units than females is found in most studies and institutional / national statistics (HSCIC, 2016; ISTAT, 2015, WHO, 2015). Therefore, there is typicality (all be it on a smaller scale) which fits with other larger institutional bodies in terms of pattern and depiction of drinking in the areas where data were collected. This is a confirmatory and reassuring result for the thesis.

7.3.2 Drinking motives

Drinking motives were evidenced as more important for English respondents in comparison to Italian respondents (Chapter 4). Specifically, positive external and internal motives (Social and Enhancement) and negative internal (Coping) were higher for English respondents. Results from the multiple regression suggested that drinking to cope predicts higher alcohol consumption in English participants. This result is most important as it supports other studies that have noted that the motive Coping tends to rise with alcohol intake (Kuntsche, et al.,2015; Cooper, et al., 1994). Gender differences on Coping additionally showed that females scored higher than males which supports the literature in the area (Cooper, et al., 1995; Kuntsche et al., 2015; Mobach & MacAskill, 2011). There were significant differences between English females rating the use of alcohol to cope with negative affect and stressors higher than Italian females and Italian males. Both these findings highlight possible risk, rising use and impact on mental health in respect to using alcohol as a substitute for dealing with stressors in life and raises concern in relation to public health. In addition, a recent study by Studer et al., (2016) found that coping motives fully mediate the positive association between Behavioural Impulse Inhibition and alcohol use disorder. Therefore, as this is a preliminary finding it would be worth exploring in a larger study which incorporates measures on stress, coping and alcohol use to gain replication of the social drinking population in the United Kingdom.

On the other hand, Italians show a negative predictive relationship between the motive of Conformity and unitary intake of alcohol. This signified that they limited drinking and adhered to in-group judgement. However, due to the nature of the DMQ as a questionnaire

(see Appendix V, p416) it is difficult to ascertain what group they might be referring to. On one hand, it is possibly their peer group as this would be primarily their most important point of reference. However, this is not always distinguished in the wording of the items under the factors of conformity in the DMQ – R (Cooper, et al., 1995). Therefore, it is a subjective measure for the individual as it could incorporate many different social groups that they inhabit. Nevertheless, the relationship would suggest that social groups can have a limiting effect on alcohol amongst Italians and that social norms are seemingly more protective in the population included in this study.

Overall regarding the results of motives (without pairing the factors to alcohol) show that English respondents were more likely to employ Social and Enhancement motives to drink in comparison to Italians. Alcohol seems to be more important for English respondents and features as symbiotic with their social world. Italians have a parallel relationship with alcohol which seems that they incorporate it into their social situations but not necessarily depend on it being a main feature of their social interaction. This is a concept worth exploring as the literature suggests that alcohol is important to both nationalities but that it is certainly regarded and used with different emphasis. This gives rise to questions surrounding how nationalities employ learning trajectories and drinking ideals and what differences in these affect intake and surround alcohol comportment.

The results of this thesis support other cross-cultural studies that have looked in differences between countries. Kuntsche, et al., (2015); Kuntsche, et al., (2006); and Nemeth, et al., (2011) all found that nationalities differed in their use of alcohol motives (without

compromising the order of the motives). For example, the literature review in chapter 1 highlighted that Hungarians endorsed higher motives for drinking to Cope, drinking to be Social and to Enhance a situation in comparison to Spanish (Nemeth, et al.,2011). Northern Europeans rated the same motives higher alongside alcohol use in comparison to southern Europeans (Kuntsche, et al., 2015).

Binge and non-binge drinkers in both nationalities were different with Social, Coping and Enhancement motives, with scores being significantly higher for binge-drinkers in comparison to non-binge drinking respondents. This supports the literature from different studies that these motives will be higher in binge drinkers as they endorse these motives (Bradizza, et al., 1996; Kuntsche et al., 2006; Nemeth, et al., 2011). This was additionally supported when looking at correlative relationships on binge drinking and motives. However, when exploring predictive relationships with binge level only Coping was found to be predictive English. This result does support the literature in the area, however there are mixed results in relation to what combination of motives are most predictive towards binge drinking (Cooper, et al., 1992; Cooper, et al., 1995; Carey & Correia, 1997; Kuntsche, et al., 2005). However, coping and conformity seem to be implicated in most studies of heavy and problem drinking (Cooper, et al., 1995; Kuntsche, et al., 2005; Grant, Stewart, O' Connor, Blackwell & Conrod, 2007; McNally, Palfai, Levine & Moore, 2003). Therefore, this study suggested that English people use alcohol as a means of coping with life stressors and to escape from reality.

Italian binge drinkers did not show any predictive relationships for motives or expectancies and binge scores and therefore does not support findings from (Baiocco, D'Alessio & Laghi, 2008). However, there were a low number of binge drinkers in the study in the Italian sample. Additionally, Italian binge drinkers in the sample (as noted by assessing individual cases and the cut off score in the AUQ of 24 and above) are closer to the lower part of the binge drinking scale. Therefore, they may not be as representative of a binge drinking group in comparison to the English sample.

Overall drinking motives have implications regarding culturally specific emphasis of what motives heighten and lower drinking in Italy and England. However, as this was the first study to use the DMQ in an adult population in Italy further study is needed to replicate and gain a clearer picture. Moreover, some findings towards the combination of motives that lead to heavy drinking is not without its critics. For example, one study disagrees with the notion that coping, and conformity motives lead to heavy alcohol use (Bradizza, Reifman and Barnes, 1999). They studied 699 male and females (with 54% of the sample being female and the rest male) and found that age and race affected the relationship between motives and alcohol misuse/heavier drinking amongst youths. They found that that coping motives were more predictive of heavier drinking in their ethnically black sample, whereas social motives were stronger predictors of heavier drinking in their white population.

7.3.3 Parental / family variables

Witnessing parents drunk was a finding present in the qualitative phase of this thesis through individuals discourse and in the quantitative phase too. The qualitative finding suggested that English participants had witnessed parental intoxication and that parents

sometimes tried to hide it and sometimes not. However, the actions of the parents such as

vomiting or being cognitively impaired from drinking were obvious to the respondents in the

study as they recalled situations in which they viewed a parent or both drunk. Italians did

not report parental intoxication in the same manner and suggested that the highest level

was slightly tipsy and louder in conversation (In and after meal times / at celebrations).

Quantitative findings from Chapter 4 (Section4.5.4) on witnessing parental intoxication

illustrated that there were differences between Italian and English participants. There were

considerably more English participants than Italians that had witnessed their parents

intoxicated. Furthermore, when each nationality was statistically explored, there was a

considerably higher number of Italian participants that had not ever witnessed parents

drunk in comparison to those who had. The inverse was found amongst English participants

as there was a higher number that had witnessed their parents intoxicated one or more

times in their lifetime in comparison to those who had not witnessed parental intoxication.

This finding is interesting as there are implications for an individual's social learning

(Bandura, 1978) of what is acceptable in relation to social behaviour and level of drinking.

Viewing parental behaviour on alcohol drinking can have influence on an individual's

learning for their own drinking and is passed through intergenerational transmission

(Valentine, et al., 2012). Valentine, et al., (2012) in their study of parental transmission of

dinking practices 'do as I say not as I do' examined the understanding of parents on onset of

drinking and how they model alcohol use to their children through family life. They suggest

that social distance between adults and children has had a marked effect on parents

displaying alcohol drinking openly, and intoxication. This is important as individuals learn

rules and practices as well as boundaries in society primarily from their parents (Patock-

Peckham, et al., 2001). Being open about alcohol use can be useful in communicating and discussing it as a practice between family members or parent to child. However, being open and not having boundaries surrounding comportment, or a disjunction between what an individual parent may say in warning their children of alcohol and its effects, versus, what the individual parent may display (being heavily intoxicated or never being intoxicated in front of their children) could be a factor that heightens risk of later drinking style. Conversely, it can serve to protect individuals and inform them of a moderate drinking style as Initial parental modelling is important to shaping a young person's understanding of alcohol drinking (Valentine, et al., 2012). Currently the British Government is most interested in the 'hidden harms and influences of alcohol use' in relation to parents who do not fit in the category of dependent drinker and additionally are not abstinent. Their interest is into the effects of parental drinking in the England and how it informs their children (IAS, 2016). Therefore, this finding can be important in advising on modelling for parents in order to help protect and show more moderate practices for their children and adolescents to learn. Sherriff, et al., (2008) suggested in their theme for modelling and influences, that individual parents in their study felt that being viewably drunk was less informative for their children. In fact, parents were more concerned with outside influences such as friends regarding their own adolescents use. Parents suggested that positive advice and moderation was a part of their dissemination to their children, however semantics on alcohol is better supported by example (Valentine, et al., 2012). Hence, English participants suggesting higher instances of viewing parental intoxication could be a potential risk for acceptability to be drunk and may play a part in a less moderate social learning of alcohol use.

Perceived parental attitudes towards drinking and perceived supervision was recorded via respondents' retrospective recall. Overall there were differences between the two nationalities with English respondents perceiving lower supervision in comparison to Italian respondents. This supports LeDoux, et al's., (2002) finding that English supervision levels were lower than French. However, there was a weak bi-serial relationship for English individuals on parental supervision lowering alcohol intake in units, although this was not confirmed as a predictive relationship. Therefore, it can be taken from these results that English participants were generally less supervised, but where there was higher supervision there was an effect (albeit and small one) on lowering unitary intake. Nevertheless, this is an encouraging finding as supervision should theoretically aid in lowering drinking and may show a lasting effect which could be protective to individuals as they enter young adulthood.

There was a weak relationship for positive parental attitude towards drinking lowering unitary intake for Italian participants (Chapter 6, section 6.6). Italians may show this result due to positive family interaction with alcohol. Therefore, positive attitudes may serve to educate individuals on use in their earlier and adolescent years to form an enduring respectful relationship with alcohol drinking for conviviality and mealtime drinking. This to an extent supports Yu, et al., (2003) in that parents' attitude towards drinking, and their own example of moderate drinking behaviour alongside time spent by the child with the parent has a positive effect on helping to moderate their children's drinking behaviour. However, this cannot be fully comparable solely from this one finding as there was only items asked on positive attitude towards alcohol and no measure of parental consumption or collaboration of results on parent / young adult dyadic data collection.

Motives to limit and abstain from drinking, specifically family constraint showed that English participants were more likely to limit their drinking due to family pressure and influence of parents bringing up their children not to drink. This corresponds with the result of supervision lowering intake in units in the thesis and demonstrates that individuals who are supervised and advised by their family will to an extent limit their intake. Therefore, this supports Gallimberti, Chindano, Buja, Forza, Tongazzo, Galasso, et.al., (2011) and Laghi, et al's., (2012) findings that 16-18-year-old males and females that differed in supervision and communication from parents showed lower through to heavier alcohol intake. For example, individuals who were living at home with parents had a lower intake of alcohol in comparison those who were not, and who had little parental input on their alcohol consumption. To an extent the findings support LeDoux, Miller, Choquet & Plant (2002) regarding parental supervision of English and French adolescents. Supervision in their study mediated intake amongst light and heavy drinkers, therefore those with higher supervision and family involvement were lighter or more moderate in their alcohol intake.

7.3.4 Alcohol Outcome Expectancies

There were national differences for alcohol outcome expectancies, with English respondents showing higher positive expectancies towards alcohol than Italians. Hence, for the English respondents, using alcohol to deal with tension that they might feel from life stressors, using alcohol to enhance their sex life and enable them to perform fantasies, and in general to enhance social situations and make them more interesting related to higher unitary intake of alcohol. Overall the result of English respondents being higher on positive expectancies is in keeping with expectancy theory in that northern and central western

European counties have national norms that tend to hold more positive outcome expectancies towards drinking (Lindman, et al., 2000; Kuntsche et al, 2006; Kuntsche et al 2014). Furthermore, it supports that higher levels of alcohol intake are associated with positive expectancies (Southwick, et al 1981; Leigh, 1990; Smith, et al., 1995; Williams & Clarke, 1998; Cooper, et al., 1995; Valvida & Sherry, 2005; D'Alessio, et al., 2006; Beckman, et al. 2011; Shell, et al., 2011; Laghi, et al., 2012).

Negative expectancies were in general not different between the two nations. However, there was one factor that was highlighted. Self-perception was significantly higher for Italians which suggests that they are more self-conscious and monitor their behaviour. This had a further emphasis regarding gender differences with females having more Self-perception of their alcohol intake in comparison to males. Negative outcome expectancies tend to be factors that aid to limit intake, however, there was no relationship found with alcohol intake. This same finding was displayed in limitation motives in that Italian and English females rated fear negative consequences regarding their alcohol drinking higher than males. However, the motives factor additionally shows no relationship to alcohol intake.

Therefore, this research partially supports the findings and reviews from SIRC (1998) in its suggestion that most Mediterranean, non-temperance or integrated drinking cultures tend to have more negative expectancies in relation to drinking alcohol. However, as reviewed in chapter one negative expectancies have a mixed response (Collins, 1990; Cooper, et al., 1995; Fromme, et al., 1993 Leigh & Stacy 1991). In fact, Lee, Greely & Oei (1999) and Anderson, Grunwald, Bekman, Brown & Grant (2012) both note that negative expectancies do not always predict limitation, although in some cases they are better predictors of

frequency in drinking, where as positive expectancies can be better predictors of quantity.

Overall alcohol outcome expectancies showed a national difference and suggested that positive expectancies were the defining feature of higher alcohol intake in English participants in this study. This was additionally shown through higher positive global expectancies being predictive of higher weekly unitary intake of alcohol (chapter 5). This is a novel finding between Italian and English individuals and highlights that there may be differences in emphasis of alcohol producing more social expectation, higher sexual gratification, and openness, as well as, tension reduction of stress and negative affect. This corresponds well with the motives to drink and highlights a key finding for English respondents in that use of alcohol to cope or escape from stress is important. This is an alarming result that needs further investigation and has been implicated in the explanation of future research from this thesis.

7.3.4 Abstaining and limiting

Abstaining and limiting from drinking showed that there were national differences in Italians in English on limiting motives (Chapter 6, section 6.7). English respondents were more influenced by religious factors, family constraints and indifference. Therefore, English individuals endorse religious rules of limiting their alcohol intake and/or total abstinence from alcohol. As discussed previously family endorsement of alcohol limitation and being brought up to limit or abstain from alcohol was a factor that lowered alcohol use. This was an unexpected result as Italians were thought to be more likely to use religious affiliation and familial influence on moderate or limit drinking.

Correlative relationships illustrated that use of Family Constraint, Indifference and Religious Constraint had the effect of lowering English individuals drinking. However, for English respondents' indifference to alcohol was the only predictive factor which they used to limit their alcohol intake. This was present in predictive relationships for Italians as well with indifference and dispositional risk lowering alcohol intake in units.

Overall the English findings support the literature in that family constraint is one of the most endorsed reasons to limit drinking and that indifference is important to abstainers (Stritzke & Butt, 2001). This is in line with research findings by Epler, et al., (2009) in importance of factors, such as religiosity, fear of negative consequences and family constraint. However, to date these factors have not been recorded across the two nations in this thesis and certainly not in Italian drinkers, hence this is a novel finding that needs further examination and replication.

English and Italian females showed higher endorsement of fear of negative consequences in that responsibilities (work and academic) and being in control of ones' self was a motivation to limit the amount of alcohol intake. Italian females signified another factor of indifference, hence simply not liking the taste of smell of alcohol to abstain from it or limit their intake. Fear of negative consequences of drinking alcohol heavily can be perceived as a more traditional limiting factor due to gendered norms of judgement on women's drinking and heavy intoxication (Holmila & Raitasalo, 2005; Kuntsche, et al., 2015). Therefore, For English and Italian women, worrying regarding loss of control, poor performance at work due to heavy drinking, risk of harm to themselves and self-monitoring was important to them. This corresponds to the finding in chapter 5 alcohol outcome expectancies that Italian women were highest in self-perception in relation to drinking alcohol.

Abstainers versus limiters of alcohol split by country showed national differences. Italian abstainers tended to score higher on Indifference, specifically in "not liking the taste of alcohol", or "how it made them feel", therefore these were the main reason to limit or abstain from alcohol drinking. Whereas English, in addition to indifference towards alcohol, reported other reasons to limit their drinking, such as religiosity and family disapproval of alcohol use. These findings are novel in relation to the two cultures, however they comply with factors that have been identified in other countries regarding abstinence (Stritzke & Butt, 2001).

The overall finding that Italians were lower in family and religious constraint was informative in that the traditional roles of family and religion were more important to English respondents. However, this could possibly be explained due to the family being the platform in which Italians learn to drink (Sturnin, et al., 2010). Furthermore, the countries catholic affiliation additionally could act as a protective factor in limiting drinking without prohibiting alcohol. Hence, less acknowledgement towards these factors could be present in the findings for Italians as these limiters are embedded deeply within society. Moreover, they can be learnt earlier through modelling (relating back to parental intoxication), therefore, this will make these factors less salient and more unconsciously carried out in decision making.

To further explain the lack of significant limiting factors in the Italian sample, the MAAQ (Stritzke & Butt, 2001) might be less sensitive as a measure on religiosity and family constraint. Simply asking questions on negative family views, and prohibitive action towards drinking by family and religious affiliation simply might not fit with the Italian culture and their view of drinking alcohol. Furthermore, it may not be necessary that a negative

message is delivered towards alcohol in Italy in order limit drinking. These notions of more positive endorsement, educational and positive parental modelling surrounding learning to drink alcohol has been seen in chapter 3 of this thesis through the themes 'alcohol as a gustatory product' and 'Family drinking' and chapter 4 with PPA lowering alcohol unitary intake. These findings together convey the complex relationship of how alcohol is being used to inform adolescents on drinking moderately. These concepts are additionally present in the findings of Allamani, et al., (2010) and Sturnin, et al., (2010) that the Italian family itself can act as a protective influence on alcohol use and in endorsement of moderate drinking. Finally, the finding that positive parental attitude decreases alcohol unitary intake in Italians (Chapter 6) additionally supports a less negative message used to limit alcohol drinking. Therefore, although there are family influences for Italians, constraint may not necessarily be the most relevant to Italy as a culture (Gallimberti, et al., 2013). Items on Family Constraint on the MAAQ are related to disapproval of drinking and being bought up to abstain. This is not necessarily as relevant to a moderate wet/non-temperance drinking culture and may need revision, with consideration on cultural differences and national alcohol norms.

Furthermore, the catholic religion uses alcohol in its rituals within worship therefore alcohol intolerance dictated by religion would not necessarily be relevant. However other Christian groups such as Pentecostalists, Methodists, Mormonism, Buddhists, some categories of Muslim and some Indian religions such as Jainism and Sikhs prohibit alcohol in their ideology. Therefore, it is possible to suggest that London and greater London (the location of sample for this study) contains a more diverse ethnicity, furthermore religious beliefs are additionally more varied and with different rules towards abstention and/or limitation of

alcohol. The ethnicity of the sample was reflected in the descriptive statistics; the English sample contained more ethnic minorities, this was recorded in the thesis with 65% white British and the rest from other British born backgrounds. Whereas the Italian sample included fewer ethnic minorities as well as no other religion than Catholic (predominantly), other Christian and one Buddhist. Therefore, the result could be more relevant to this diversity in relation to the English sample.

7.4. Relevance of the findings to policy

Italy spends 36 Million Euros per year for alcohol related harm (Ministero della Salute, 2015). Overall there have been suggestions by ISTAT (2014) that Italy has decreased year on year since 2005 its consumption per capita. However, the ministry of health (Ministero della salute) and ISTAT (Italian governmental statistics agency) have suggested that although there is a decrease per capita of alcohol consumption, there are new emerging groups in the country that are at risk from heavy episodic drinking at weekends. These groups consist of young people from age 18-24 and the elderly (age range not specified) on heavy episodic drinking. Much of the literature in the past has asserted that Italy is a moderate drinking population with everyday drinking practises and mealtime inclusion of drinking with family (Heath, 1995; Allemani, et al., 2010; Sturnin et al., 2010). This has been to some extent visible in chapters 3-6 through evidence of lower binge drinking scores and less alcohol unit intake. Taken together, the higher scores in positive external motivation to drink (Social and Enhancement) as opposed to drinking to cope, the inverse relationships between "drinking to conform" and weekly alcohol intake, the higher scores on the negative alcohol outcome expectancy in Self-perception, and the higher abstinence rates in Indifference and Fear of

negative consequences, provide insight into Italy's unique moderate drinking culture with alcohol in comparison to the binge drinking style of England. Future research should explore the intake rate as it has been decreasing for the last 10 years and try to observe the culture as it socially shifts. An interesting insight was that positive attitude and parental supervision showed decrease of alcohol intake. Hence, researching further into parenting skills and how Italian intergenerational transmission is modelled would be a novel and interesting research to inform environmental protective aspects of Italian society and its relationship towards alcohol. To date, little research into this aspect of Italian life has been done (WHO, 2016). Furthermore, Italy is a wide area with many influential variables that could differ from north to south Italy. Possibly a qualitative study using quota sampling from different regions in parental use of alcohol and their alcohol education as children through to adulthood would be a most interesting study that may provide some essential variables to study further and inform of how the culture around alcohol is socially constructed. Currently there are no parental skills programmes for alcohol education and this is interesting. The country may exclude these early primary interventions as there is less need to (considering Italy's policy provisions Chapter 1, section 1.3.2) disseminate and instruct parents on what is considered a typical and healthy level of alcohol across the social drinking population. Therefore, in an inverse manner this could be helpful to research and detect what practices and parental modelling are being disseminated to help moderate practice. The findings could help in preserving Italian practice as well as exploring whether aspects of Italian culture that is closer to English culture might be applicable to the English context, possibly in preventative programmes aimed at parents.

The national average of cost to the UK per year of alcohol related harm has been suggested to be £21 billion (HM Government 2012, NHS, 2015). However, England, has been shown to be lowering units in intake but heavy episodic drinking is still on the governments agenda for public intervention and reducing costs to the NHS (HM Government 2012; documented updated 2014; HSCIC, 2015). The findings of the thesis regarding the link between drinking to cope, high positive alcohol expectancies and increase in unitary intake in the English sample requires attention. New initiatives may need to focus more holistically on reducing and moderating alcohol intake. This is important as protection and empowerment towards using alcohol to cope with stress and anxiety of everyday modern life is point of initiation for intervention across the public. Local Alcohol Action Areas (LAAAs; Home Office, 2014) were discussed in chapter one as the British government has started to pilot new areas of focus regarding alcohol for Local Authorities. The areas focus on reducing burden on the NHS, increasing safe spaces for individuals to socialise in with less focus on alcohol and policing strategies on the night time economy and work spaces regarding alcohol crime and antisocial behaviour. The LAAA directive that would be most pertinent considering the finding of this thesis would be to examine the use of alcohol as a coping mechanism to escape for forget stress and anxiety. This is important to the new mental health agenda from the government (HM, Government, 2016) that will focus more on early primary prevention towards mental health problems and empowering better mental health practices for the general population of the UK. A further area of research from this most important finding of the thesis will be outlined in section (7.6) of this chapter. The use of a relatively simple and well-known intervention as mindfulness (Langer, 1989) may be a useful primary prevention method that could benefit alcohol consumption, mental health problems that lead to rising unitary intake and general mental health awareness. This

recommendation towards a future primary prevention technique would fit in-line with the LAAAs focus on reducing cost to A and E and early prevention of alcohol problems. Additionally, it would be cost effective when considering the platforms, one could use such as social media, online mindfulness courses and reduced rate mindfulness guided meditation. This is novel and has not been regarded in research outside of dependent alcohol users and as a third wave therapy addition to treatment intervention already in place in the NHS.

Although the afore mentioned recommendation towards primary intervention is a difficult assertion as there is currently no focused literature on public wide mindfulness interventions it certainly would not be a wasted opportunity to help individuals across the country engage in empowering their own self-perception towards mental health and alcohol consumption. At present, there is the campaign for ''Dry January' which consists of abstaining for a month from alcohol. This is a health centred campaign to attempt to engage the public and attempt reduce long-term health problems in relation to concentrated weekend and heavy social drinking. However, engaging the public in mindful relaxation and self-reflection may offer a long-term solution of encouraging lower drinking rather than focusing on short-term abstinence strategies.

7.5 Limitations of the research

7.5.1 Non-probability sampling and generalisability

Non-probability sampling as a technique has been considered as inferior, in comparison to probability randomised sampling (Callegaro, et al., 2015). However, there are theoretical and practical reasons for using a non-probability sampling strategy. For example, the purposive sampling technique used in chapter 3 of the thesis was important as individuals needed to be Italian or English born with clear affiliation to their nationality to ensure that a degree of similarity with respect to ethnicity and culture. Non-probability sampling was used in the quantitative phase of this thesis (Chapters 4, 5, and 6). A purposive sample of social drinking males and females aged 18-35 in Southern England and Northern Italy was recruited using non-probability sampling (referral from friends, and friends of friends; Fricker, 2016) on social media. This form of sampling can be a limitation as self-selection bias is generally present (Callegaro, et al., 2015). For example, individuals that use social media volunteered to take part through accessing the advert of the study on university 'Facebook' pages and recommendation by friends that were not necessarily accessed through university sites. This limits the population to those who use these mediums and those who wish to participate. Therefore, questions arise towards a lack of representation of individuals that are not able to access or do not wish to participate in social media.

However, the aforementioned sampling method was used to gain data in an economic and timely manner, and additionally to access individuals easily across the two geographical locations. Callegaro, et al., (2015) and Flicker, (2016) argue that much research that would

be costly to conduct simply could not be carried out without web based methods that use non-probability sampling. However, in relation to generalisation and statistical inference Callegaro, et al., (2015) notes that web-based surveys using non-probability samples cannot be typically generalisable outside of the population gained. Flicker, (2016) argues that use of a non-probability samples can be fruitful but that the output should be considered an indication or approximation rather than an absolute inference on the population. Furthermore, as there are many drinking styles inter-culturally in Italy (Sturnin, et al., 2010) and England (Ally, et al., 2016) it would be problematic to assume generalisable outcomes from this thesis to the whole country in both instances.

Finally, as this research was explorative, generalisability would be limited due to further need of study in the area and more representative samples from the countries. Therefore, further study could be carried out in more detail of region in each country. This is an issue that has been noted by Kuntsche, et al., (2015) in studying motives across nationalities, and is being slowly built upon by researchers in the area to understand more about nationalities and their specific cultural drinking styles from north to southern Europe. Samples of adolescents seem to be more easily gained as use of school initiatives to collect sample is much easier than recruiting the general population. However, collaboration in the latest studies on drinking motives in Europe is starting to become collective across researchers. Therefore, gaining sample and representing populations is becoming more possible through joint working with government and larger research bodies. In fact, the most current study from Kuntsche and colleagues in (2015) consisted of 18 collaborating researchers from 13 countries. This would be a good initiative to join for the future as England has not been studied in the most current research and only southern Italy was present in the sample.

7.5.2 Use of online-questionnaires and participant fatigue

Online questionnaires have been debated to be a useful and innovative new arena in which to collect data (Callegaro, et al., 2015; Couper, 2000; Kraut, Olson, Banaji, Bruckman, Cohen & Couper, 2004; Wright, 2005). Advantages to the use of the virtual community is that respondents can be gained more easily and efficiently with little cost, and ease of access to respondents. Additionally, respondents may take part in studies which are convenient in relation to access of the questionnaire in the comfort of a setting they choose (Flicker, 2016). Furthermore, it is suggested that online questionnaires can aide sampling in making it more diverse towards representation of a population that is not always accessible and restricted geographically (Wright, 2005). Anonymity which is a feature of online questionnaires can be helpful as it allows a participant to fully take time in responding to the survey with no pressure of a researcher present (Braithwaite, Waldron & Finn, 1999; Wright, 2000). However, Questionnaire fatigue presents a limitation as there is no set response time when an individual is participating. On one hand, this is helpful in that individuals may access and take time to answer the questionnaire. On the other hand, this could interrupt the process and increase drop-out of the study via losing momentum or by forgetting to complete it (Callegaro, et al., 2015). Additionally, rather than drop-out or return to the measure, an individual may feel in some way compelled to carry on with a questionnaire in haste to complete it due to fatigue or boredom. This may cause limitation due to fraudulent or erroneous responses (Cape, 2005). To resolve this issue in the studies of this thesis the questionnaire design aimed to use a minimal level of items with the participant in mind. It was tested on individuals prior to release, and where possible matrices (a form of structuring questions) were used to try and combat boredom and fatigue effects. Matrices of grouped questions and scales offer a more consolidated

presentation. This, in turn, gives a perception of shorter and more organised responses for the individual (Callegaro, 2015; Tourangeau, et al., 2000). Furthermore, another method was used in the design to attempt to lower boredom. The questionnaire primarily presented part of the demographics, then a battery of measures that were required for the study, and finally a small portion of demographic questions were present at the end (Tourangeau, et al., 2000).

7.5.4 Alcohol measures

Self-report alcohol measures have been debated over the years on their reliability in relation to the accuracy of measurement regarding alcohol intake (Room, 1990; Sobel & Sobel, 1992 Reinert & Allen, 2002). Therefore, measuring alcohol use can be highlighted as a limitation when using self-report measures (Sobel & Sobel, 1995). Self-report measures that are used to approximate alcohol intake generally rely on the individual's knowledge and estimate of their own use. These means of recording are known as aggregate measures, meaning that the questionnaire observes quantity and frequency (QF) of intake (Curtzen & Goritz, 2010). QF measures have the advantage of being able to estimate binge drinking through self-reporting of drinks per hour and quantity of intake (alcohol in units) within one session as well as estimation of percentage of amount of occasions that the individual is considering getting drunk (Townshend & Duka, 2002). However, there are arguments that erroneous information may be recorded in these measures. For example, some research has suggested that younger adults tend to overestimate their alcohol use and older adults under-estimate their use (Curtzen & Goritz, 2010). Ely et al, (2001) report that in most general household surveys, alcohol is underestimated due to underreporting consumption.

However, in opposition to these concerns, Curtzen & Goritz, (2010) argue, that in certain cases where a behaviour is indifferent, or lacks association in the moment of reporting, alcohol intake may be conveyed with less need of fulfilling bias such as social desirability as there is less or no motivation to adhere to certain levels of drinking alcohol. Therefore, self-report measures may be useful when taken in a more solitary setting that requires the individual to reflect.

Questions using a 'time-frame' for recall can cause limitation in assessing alcohol intake. For example, 'modal' rather than 'average' behaviour is generally described as it is difficult to account for possible periods of abstinence by individuals over longer periods of time. Furthermore, the very nature of the alcohol questionnaire has been suggested to not account for this. Respondents tend to exclude abstinent periods when being asked about the last 12 months (Bind et al. 2003) on questionnaires of consumption. Hence the adapted AUQ (Mehrabian & Russell, 1978; adapted Townshend & Duka, 2002) was utilised as it asks individuals to recall their binge-drinking over a period of 6 months.

Del Boca & Darkes (2002) advocate the use of measures that incorporate weekly recall as it can help individuals reflect on their drinking on for an average week. This was accounted for in the study by use of the AUQ that looks at drinking occasions (weekly and sessional) and amount consumed (2, 3, 4, 5 drinks) through Graduated Frequency (GF). However, Midanik (1994) and Vahtera et al., (2002) argue that this method may cause a limitation as the individual can sometimes over approximate consumption level as thresholds are more highly estimated due to overlap through asking specific information on different occasions or type of alcohol. Nevertheless, GF measures are most widely used in alcohol research to

account for 'limit of recall' as they require and individual to reflect on use from type of alcohol to brand and number of drinks. This is generally suggested to provide a clearer picture of use (Del Boca & Darkes, 2002; Stockwell, Donath, Cooper-Stanbury, Chikritzhs, Catalano & Mateo, 2004). The next section will suggest for a future study based on the findings presented in the thesis.

7.6 Future research directions

7.6.1 An intervention towards social drinkers that use alcohol to for coping with life stressors

Considering the evidence produced by this thesis a possible focus for future research would centre on the findings related to the drinking motive 'Coping' and the rising unitary intake found amongst participants. Certainly, there is much focus on daily life and psychological concepts such as stress, coping and anxiety. Cooper, et al., (1992) documents this concept and suggests that drinking in response to stress has been widely recognised linked to lack of effective coping responses to stressors. This is entrenched in social learning models of alcohol use and misuse. Alcohol can be utilised as a coping mechanism when other presumably effective coping responses are not available or not part of the repertoire of the individual.

Mindfulness has been part of a philosophy that has existed for thousands of years in Buddhist traditions (Farb, et al., 2007; Creswell, 2016). However, from a secular stance mindfulness can be simply when the brain is engaged in mindful attention. This can be thought of as a state in which an individual is observing the flow of mental processes as they are occurring. Distancing oneself and being in the present can be useful to move towards

self-discovery and individual reflection on a situation or life event (Germer, 2004; Shapiro,

et al., 2009). Mindfulness <mark>can aide</mark> an individual in protecting themselves cognitively by

helping resilience in high-stress circumstances (Jha, et al., 2017). Hozel, et al., (2011) argues

that sustained attention and bodily sensation / awareness using mindfulness expose an

individual to habitual reactions that they have and may have internally suppressed or

previously avoided for internal and external events. Habitual reactions are generally

prevented by using a non-reactive approach. This approach allows the individual to focus on

the experience and thereby allowing understanding of the transitory nature of experiencing

emotions, cognitions, and perceptions. This may allow for a change in perspective of the

self, and, mindful exposure and response prevention can contribute towards attainment

emotional regulation (Jha, et al., 2017). This enhances experience and cognitive reappraisal

of aversive stimuli as transitory and in some instances as positive and meaningful.

The area of substance use and misuse has a growing plethora of research into relapse

prevention with the addition of mindfulness training (Zgierska, et al., 2009; Witkiewitz, et

al., 2010). Furthermore, new interventions have been developed that have added

mindfulness components, such as Dialectical Behaviour Therapy (Linehan, 1999 & Dimeff,

2007), and Mindfulness based Cognitive Behavioural Therapy (MCBT; Ma, et al., 2004;

Chiesa, et al., 2014). Bowen, et al., (2014) studied 286 participants aged 18-70 over 3

treatment groups; Mindfulness-Based Relapse Prevention (MBRP), Relapse Prevention (RP)

and a Treatment as Usual (TAU; a group-based psychosocial after care). RP and MBRP

groups showed a lower risk of relapse in comparison to the TAU groups. However, at a 12-

month follow-up the MBRP group had a significantly lower amount of relapse and number

of days of drug use overall. This showed that there is an advantage in long term out-comes for individuals who have had MBRP. A better ability to successfully monitor their coping strategies with stressors and discomfort of craving and negative affect can be related to this study. To date the topic of mindfulness in substance misuse has focused on problematic and dependent use. There are few if any studies on social drinking that examine risk of rising unitary intake and drinking to cope.

Finally, as suggested earlier in the summary of findings there has been an updated pledge by the government to focus on rising mental health problems and on prevention towards development of these difficulties across the spectrum and at all levels of society (Home office, 2016, 2017). Furthermore, the introduction of Local Alcohol Action Authorities (Currently being piloted in participating authorities) highlights the need to support individuals on health-related matters such as admittance to A&E on all forms of alcohol problems and situations. This highlights an important agenda for wider society that uses cost effective, evidence-based practice approaches to aid at all levels of alcohol use and help prevent future disease burden. Therefore, considering the findings of this thesis in relation to predictive relationships of drinking to cope and rising unitary intake, an effective primary prevention treatment to try and target individuals could use mindfulness training to enhance coping responses. This intervention would offer a cost effect and helpful way to prevent drinking to cope and benefit overall mental health and well-being of the public. Furthermore, this may prove more helpful alongside other government initiatives such as unit recommendations, dry January and advising on days of abstinence to combat everyday drinking in the public (Home Office, 2015). The focus of this future study will be to examine 3 independent groups; mindfulness, psycho-educative material on cope drinking (Brief

information) and a neutral control task. It would look to measure individuals on their alcohol intake using the Alcohol Use Questionnaires (AUQ; Russell & Mehrabian, 1977) and the AUDIT-C (WHO, 1998). The Positive and Negative effect Schedule (PANAS, Watson, Clarke and Tellegen, 1988) would be implemented for current subjective states of positive and negative affect. Use of the Drinking Motives Questionnaire (DMQ-R; Cooper, et al.,1995) will measure motives to drink with emphasis on drinking to cope. Finally, the Cognitive Affective Mindfulness Scale (Feldman, et al., 2007) can be used to help match groups and as a control measure. This questionnaire measures attention regulation, orientation to present experience, attitude of acceptance and awareness to experience. Individuals would be screened to qualify if they drink to cope as this would be a requirement for every group. The examination would be a pilot study utilising university student that qualify. This method would allow for the period needed to record at different time points to test treatment effectiveness; base level, time 1, 2, and 3 (follow-up after 8 months; see figure 24 on the next page for a visual description).

Figure 25 (7.0): Visual description of future study into study the effect of mindfulness training on coping drinking and mood
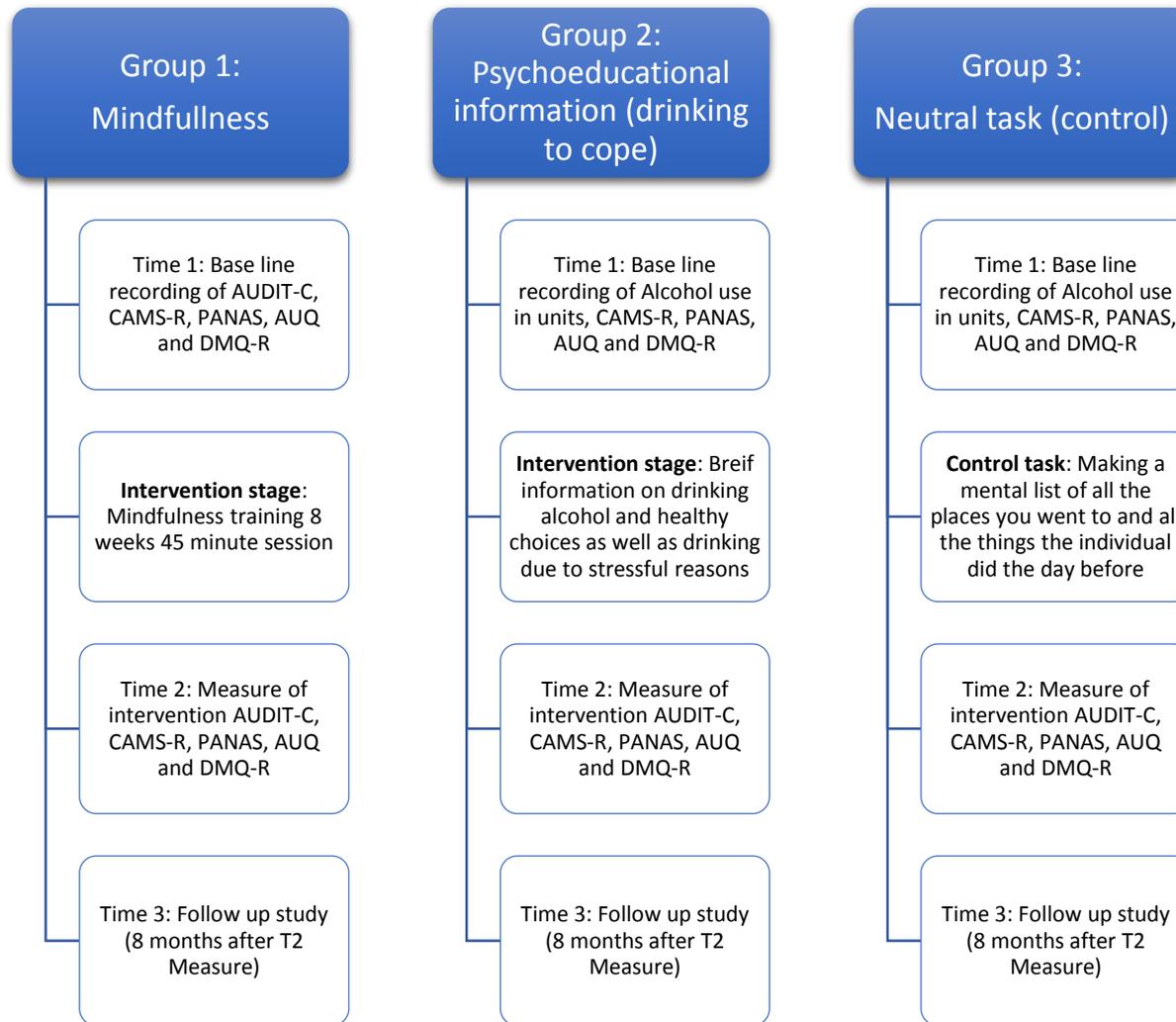
7.7 Conclusion

The research in this thesis attempted to explore social drinkers in two cultures/nationalities on their motives to drink, alcohol outcome expectancies, motives to limit and abstain from drinking, and perceived parental influences on the participants drinking. The research provides evidence of differences in social-cognitive aspects of the two nationalities that influence decision making partially through reasons why they drink and reasons why they limit or abstain from alcohol. Key novel points were found for English individuals using alcohol to cope with life stressors. Positive alcohol outcome expectancies such as tension and stress reduction, sexual enhancement, sociability further contribute in conscious decision making to drink higher levels of alcohol. These were important findings and they require attention from the public health domain, as well as add to the literature regarding more risky decision making that increases unitary intake. Italians motivation towards alcohol drinking suggests that social and enhancement motives play an important role in their decision making to drink alcohol. However negative affect from expectancies such as self-perception and motives to limit drinking; fear of negative consequences (females), as well as, indifference promote the decision to limit alcohol intake. Furthermore, conformity amongst Italians showed that the group acts to lower intake of alcohol units, suggesting that a negative stance towards encouraging drinking via pressure on members of the group is protective for Italian individuals. Parental supervision and comportment showed that witnessing parents intoxicated was more related to English than Italian participants. This emphasises a novel insight into Italian and English parental modelling. Supervision additionally is shown as higher in Italians over English individuals which is central to reinforcement that drinking alcohol is a practice to be built upon and informed on to

prevent rising intake of alcohol. Finally, family plays a central role in English respondents with emphasis on parents / familial guidance on restricting intake. In addition, for Italians, positive parental attitudes towards drinking and moderate drinking behaviour seems to inform and protect their alcohol consumption levels. The findings suggest that further exploration is recommended to understand how Italians learn to drink alcohol through parental modelling, education, and instruction. This novel study will contribute to understanding subtle factors that moderate drinking practices. Furthermore, it would be important to understand how Italians are encouraged to drink moderately without overt constraint from negative concepts such as religion, being brought up not to drink alcohol or general negative attitudes towards drinking alcohol. Thereafter, the design of a primary preventative intervention using mindfulness to aid coping skills with life stressors would be a novel piece of research that has not been carried out on social drinkers rather than alcohol dependents.

Culture / National differences of alcohol use are important to the substance use and misuse field and have gained new interest in the last decade. Italy is a relatively understudied population that has a unique moderate relationship with alcohol. Considering it is a country that has a rich history of alcohol use and endorses as well as produces an abundance of alcoholic products. England has a unique albeit different relationship with alcohol. Therefore, studying both in conjunction has produced a novel insight into determining why differences exist in drinking behaviour in the social arena. It is useful to illustrate how these differences could be emphasised or preserved for healthier relationships with alcohol. Additionally, it is important to examine how relationships can give insight into new areas to tackle growing mental health burden and substance misuse. It is important to study this

area to promote a healthy population empowered to make more informed choices

surrounding the use of such a complex and interesting social drug.

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Interview schedule English

Interview schedule for Semi structured interview

2. So, tell me a little about yourself and what you do (Age, Job, Hobbies, **this is to warm up the conversation with the person**)

3. At what age did you first encounter alcohol (**not drinking**)? What was the situation?

4. Initiation of drinking: At what age did you have your first alcoholic drink? What was your experience? (***probe: first sip or tasting at a young age***)

5. Moving onto later in life ...when you had what you would consider a sessional or social drink (***probe: i.e. socialising with friends or ...most likely teenage years***)

6. Can you recall a specific event? (**Prompt**)

7. Current drinking: what is your drinking experience now? (***LUISA If they are older ie late 20 / 26***+)

8. Why do you drink (this is an open question, prompt them if you have to...you should get answers like conviviality ask why it makes them experience that...it is important to them?

9. How important aspects of drinking alcohol is to you? (***What do you get out of it?***)

10. In what social contexts or situations do you drink? (***Be aware maybe the participant has covered this already. If they have done so please do not ask again or ask further if they have other establishments etc they enjoy drinking in***)

11. Do your parents drink? (***no need to probe ask the question below***)

12. What has been your experiences when your parents of your parents drinking? (***Prompts: Did you view your parents drinking as a child? How often? In what circumstances?***)

13. Did your parents offer you alcohol?

14. Generally, how much did your parents drink that you can remember regularly, infrequently?

15. Do you drink with friends? What has been your experience with them?

16. What have been your experiences in drinking when you are in large or a small group of friends? (*Prompt: Do you perceive a difference in your drinking when you are with your social group or friends?*)

17. Have you ever played drinking games? /Or do you use drinking games when on a night out?

    (**Probe: Is this a regular or infrequent practise?**)

18. To what state do you reach of inebriation if you are playing a drinking game?

19. What has been your experience of drinking too much? (Note*: the person could have already answered this in the last question so it might be useful to ask if what they have recalled has been the most drunk they have felt*)

20. Food and alcohol (how do they perceive it) ...what is your experience and knowledge regarding Food and alcohol Is it important to them

21. Do you drink every day? (**With food? Do their parents? is it an institution, how do you know what alcohol goes with what food how do you learn?**)

Appendix II: Interview Schedule Italian version - Study 1 (Chapter 3)

Interview schedule for the Italian questions (the questions are identical to the English ones)

Pianificazione per intervista semi strutturata

1. Mi dica qualcosa di lei e cosa fa (Età, hobby, lavoro, **questo serve per sciogliere il ghiaccio per la conversazione**)

2. A che età ha avuto il suo primo incontro con l'acool (non bere)? In che situazione?

3. Iniziazione al bere: A che età ha bevuto il suo primo drink alcolico? Racconti la sua esperienza?
(Indagare: primo sorso o assaggio in età giovanile)

4. Andando avanti negli anni ...quando ha avuto quello che considererebbe la sua prima bevuta in gruppo
(Indagare: socializzare con amici oppure....probabilemente durante adolescenza)

5. Può ricordare l'occasione? (Indaga)

6. Età contemporanea: Qual'è la sua esperienza con l'acool adesso? (Se più grandi di 20/26 anni)

7. Che cosa beve? (Domanda aperta, indagare se è il caso...si devono registrare risposte circa la convivialita e chiedere cosa rende questa esperienza così importante per loro)

8. Cos'è il bere alcool per te? (Cosa ne ricavi?)

9. In quali contesi o situazioni sociali beve alcool? (Attenzione alcuni partecipanti potrebbero aver gia' menzionato questo. Se l'hanno fatto non chiedere ancora altrimenti investigare se hanno altri luoghi per es. In cui amano bere)

10. Bere alcool genitoriale: I tuoi genitori bevevano alcool? (non c'e bisogno di insistere, chiedi la domanda successiva)

11. Qual'è stata la sua esperienza riguardo I suoi genitori e il bere alcool? (Indaga: Hai visto I tuoi genitori bere alcool quando eri bambino? Quanto spesso? In che circostanze?)

12. I suoi genitori le hanno offerto delle bevande alcoliche?

13. In genere ricorda quanto regolarmente bevevano alcool I suoi genitori, infrequentemente?

14. Abitudini degli amici: Beve alcool con amici? Qual'è la sua esperienza del bere con loro?

15. Qual'è la sua esperienza di bere alcool quando si trova in un piccolo o grande gruppo di amici?
(Indaga: C'è differenza a bere quando si trova con un gruppo di amici o conoscenti?)

16. Ha mai giocato a giochi di gruppo del bere alcool? Fa giochi di gruppo del bere alcool quando va fuori

con amici? (Indaga: E' una pratica frequente o infrequente?)

17. A che punto di ebberezza alcolica arriva durante un gioco del bere alcool?

18 Qual'è la sua esperienza dell'abuso di alcool? (Nota: la persona potrebbe avere gia' risposto a questa

domanda quindi potrebbe essere utile chiedere se ricordano quando hanno bevuto di più)

19. Cibo e Alcool (come viene percepito)... Quale è la sua esperienza e conoscenza del cibo e le bevande

alcoliche, E' importante per loro

20. Beve alcool tutti I giorni? (Con il cibo? Con I genitori? E' una istituzione? Come sa che tipo di

Appendix III: Information pack for Interviewees – Study 1 Chapter 3 (English version)

Participant Information sheet

Exploration into cross cultural experiences of drinking alcohol in Italian and British Students*?*

You are being invited to take part in an explorative study regarding alcohol drinking and use between groups of English and Italian respondents. Before you decide whether you may want to participate it is important for you to understand why the evaluation is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether you wish to take part.

What is the purpose of the study?

The first phase of the evaluation aims to explore the question of "what are the cross-cultural experiences and cultural differences in alcohol drinking?" The study will look to interview individuals about their experiences. However, it is important to note that there are exclusions to the research which will involve any participant with a diagnosed alcohol use or misuse problem and a persistent problem regarding alcoholism within the family history.

Do I have to take part?

It is up to you to decide whether to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part, you are still free to withdraw at any time and without giving a reason.

What will I be asked to do if I take part?

You will be asked to participate in an informal face to face interview with the principle investigator. Face to face interviews are used to explore your perceptions, experiences and opinions on this particular subject. The interview will last for one hour at the most. If you agree to participate you will be sent a briefing sheet that will outline the areas that will be discussed at the interview.

It is important that we keep an accurate record of your opinions and therefore we will be recording the discussion. We will only use first names during the discussion and no names will be attached to comments that may be used in the final report. You will be sent a copy of your interview to comment on in regard to accuracy and the conclusions drawn by the researchers.

What will happen to the results of the research study?

The results of this phase of the evaluation will be used to provide clarity and validity to the subsequent phases of the study. Additionally, the researcher will look to publish the findings of this phase of the study in a peer reviewed journal. The face to face interviews will be used to develop a questionnaire for use in the second part of the study.

Who is organising and funding the research?

The evaluation is being supported by the Psychological Science Department at Thames Valley University and funded by the Faculty of Health and Human Sciences.

Who has reviewed the study?

This study has been reviewed by the Faculty of Health and Human Sciences Research Review Committee.

Contact for Further Information

If you would like any further information please contact the Lead Research Co-ordinator listed below:

Luisa Perrino

Department of Psychological Sciences

Paragon house,

Boston Manor Road,

Brentford,

Middx

TW8 9GA
Tel: +44 (0) 208 579 5000

If you have any enquiries about the conduct of this research project and you wish to discuss them with someone other than the researcher, please contact:

Dr. Julia Townshend

Department of Psychological Sciences

Paragon house,

Boston Manor Road,

Brentford,

Middx

TW8 9GA
Tel: +44 (0) 208 579 5000

Thank you for your time

Participant Consent form

Title of Project:

Name of Lead Investigator: Luisa Perrino

Please tick the following statements if you agree to them and note that by ticking the boxes you allow consent for the researcher to use your responses disclosed in the following interview/questionnaire (delete as appropriate). Please not that your response will not be used on an individual level and will be analysed amongst others.

I.   I confirm that I have read and understand the information for the above study and have had the opportunity to ask questions.

II.   I have been informed and understand that anonymity will be upheld and that my name and information will remain undisclosed to any other party than the principle researcher of this project at all times (Named above).

III.   I understand and agree to my responses being recorded by Dictaphone and written documentation

IV.   I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. (This will include withdrawal of all recorded answers and documentation).

V.   I agree to take part in the study mentioned above

Name of Participant	Date	Signature

Name of Person taking consent	Date	Signature
(If different from researcher)		

Researcher	Date	Signature

Appendix IV: Information pack for Interviewees – Study 1 Chapter 3 (Italian version)

PARTICIPANT INFORMATION SHEET

MODULO INFORMATIVO PER IL PARTECIPANTE

Una esplorazione comparativa delle esperienze con l'alcool tra gli studenti italiani e britannici?

Sei invitato a prendere parte in uno studio esplorativo riguardante il bere alcool e l'uso che se ne fa tra gruppi di Italiani e Britannici. Prima di decidere se vuole partecipare o meno è importante capire perchè questa valutazione viene fatta e che cosa comporta. Per favore legga con cura le seguenti informazioni e ne discuta con altri se desidera. Se qualche cosa non è chiara per favore ci chieda maggiori informazioni. Si prenda il suo tempo per decidere se partecipare o no.

Qual'è lo scopo di questo studio?

La prima fase della nostra valutazione mira ad esplorare la domanda "Quali sono le differenze di abitudini e culturali nel bere alcool?". Lo studio cerca di intervistare induvidui sulle loro esperienze. Ad ogni modo è importante notare che ci sono delle circostanze che escludono la partecipazione a questo studio, in particolare individui a cui e' stato diagnosticato abuso di alcool e un problema di alcolismo nella storia familiare.

Devo partecipare per forza?

Sta a lei decidere se prendere parte allo studio o meno. Se decide di partecipare le viene dato questo foglio informativo da conservare e le verrà cheisto di firmare un consenso. Inoltre se decide di partecipare è sempre libero/a di ritirarsi in qualsiasi momento senza dare motivazioni.

Se partecipo cosa mi verrà chiesto?

Le sarà chiesto di partecipare ad un'intervista faccia a faccia con il ricercatore principale. Interviste di questo tipo si usano per comprendere le sue percezioni, esperienze e opinioni su questo particolare argomento. L'intervista durerà un'ora al massimo. Se decide di partecipare le verrà inviato un sommario con le argomentazioni principali che verranno discusse nell'arco dell'intervista.

E' importante per noi conservare una copia accurata delle sue opinioni e quindi registreremo la discussione. Durante la discussione verranno usati solo nomi propri (non cognomi) e nessun nome saraà associato al commento che potrebbe essere allegato nel studio finale. Le verra' inoltre inviata una copia della sua intervista per darle l'opportunità di fare eventuali commenti sulla sua accuratezza e sulle conclusioni tratte dal ricercatore.

Che succede ai risultati di questo studio?

I risultati di questa fase di valutazione saranno usati per fornire chiarezza e validità a fasi successive della ricerca. Inoltre il ricercatore cercherà di pubblicare i risultati di questa fase di studio in una rivista di settore. Le interviste faccia a faccia verranno utilizzate per sviluppare un questionario per la seconda fase dello studio.

Chi organizza e finanzia la ricerca?

La valutazione è sostenuta dal Dipartimento di Scienze Psicologiche della Thames Valley University e finanziata dalla Facoltà di Scienze Umane e Sociali

Chi ha revisionato lo studio?

Questo studio è stato revisionato dal Comitato di Ricerca della Facoltà di Scienze Umane e Sociali

Contatti per maggiori informazioni

Se desidera maggiori informazioni per favore contatti il ricercatore principale e coordinatore indicato qui:

  Luisa Perrino

    Department of Psychological Sciences

    Paragon house,

    Boston Manor Road,

    Brentford,

    Middx

    TW8 9GA
    Tel: +44 (0) 208 579 5000

Se ha delle lamentele sulla condotta di questo studio e vuole discuterle con qualcun'altro oltre il ricercatore può rivolgersi a:

Dr. Julia Townshend

Department of Psychological Sciences

Paragon house,

Boston Manor Road,

Brentford,

Middx

TW8 9GA
Tel: +44 (0) 208 579 5000

Grazie per il suo tempo.

Appendix V: Social Drinking Questionnaire (English Version) Study 2 a & b (Chapter 4, 5, & 6): Sourced from Survey Monkey

(Electronic versions in English and Italian are available on request)

Thank you very much for taking the time to complete this survey regarding your attitudes towards drinking/social drinking ("Social drinking" refers to casual drinking in a social setting). Your answers will remain anonymous and confidential to the researchers and your individual information will be handled with care and kept securely.

Please note that at the end of the survey you will be issued with the contact details of the primary researcher in case you wish to ask any further questions regarding the study.

* 1. Please tick each of the following statements to confirm you are 18 or over, and you are aware that your participation is voluntary (and you may withdraw at any time).

☐ I am 18 years and over

☐ I am aware my participation is voluntary and that I may withdraw at any point

☐ I understand that the primary investigator will hold all information and data collected securely and that all efforts will be made to ensure that I cannot be identified as a participant in this study

☐ I give my consent to participate in this study

* 2. Are you

○ Male   ○ Female

* 3. What is your age? (In years only)

[_____]

* 4. Please state which town or city you are living in (Note this does not affect your anonymity and is for comparison purposes only)

[_____]

5. Nationality: What country do you consider yourself to come from?

○ Britain

Other (please specify)

[_____]

6. Which of the following best describes your ethnic background? (Please tick one option)

○ White

○ White British

○ White European

○ Black Afro-Caribbean

○ Black African

○ Black

○ Asian

○ Arab

○ East Asian

○ Mixed

Other (please specify)

[   ]

*7. Do you drink alcohol?

○ Yes   ○ No

Please read the instructions carefully and answer the questions as openly and honestly as possible

Thank you

8. Please tick which days you typically drink alcohol on (You may tick more than one box)

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

☐ Saturday

☐ Sunday

9. Do you generally drink before going for a night out? (This is related to drinking at home before you go out for an evening, club, pub, bar etc. It may be with friends or on your own whilst getting ready)

○ Yes

○ No

10. Do you generally drink before going out (pre-load or pre-drink)

○ With friends

○ On your own

○ Both with friends and on my own before meeting up with friends

Other (please specify)

[   ]

11. Which of the reasons below best describe why you may pre-load (you may tick more than one box)

☐ It is more cost effective (economic)

☐ To get into the mood for going out

☐ Because everyone else does it

☐ To get drunk faster

Other (please specify)

[   ]

Alcohol Use Questionnaire (AUQ)

The following questions ask you about your use of various types of alcoholic drinks. Please consider your drinking during the last 6 months when answering these questions and note that these are approximations

12. Do you drink wine, or any wine-type product? (e.g. sherry, port, martinietc.)

○ Yes

○ No

*13. On how many days per week do you drink wine, or any wine-type product? (e.g. sherry, port, martinietc.)

Number of days you drink wine (perweek)	[ ]
On the days that youdrink wine (or similar), about how many glasses (standard pub measure) do you drink in one session? (Approximately)	[ ]
Please state your usual brand(s):	[ ]

*14. How many glasses of wine a week do you drink (standard pub measure; approximately)

| Please type in approximately how many glasses | [   ] |

15. Do you drink beer or cider?

○ Yes

○ No

16. On how many days per week do you drink beer or cider (at least half a pint)?

How many days per week do you drink beer or cider

On the days that you drink beer/cider, about how many pints do you typically have?

Please state your usual brand (eg: Fosters, Becks, Kopparberg Strongbow etc.):

17. How many Pints of cider a week do you drink (approximately)

Please type approximately how many

18. Do you drink spirits, cocktails and/or Alcopops

○ Yes

○ No

19. On how many days per week do you drink spirits, cocktails and or alcopops (e.g. whisky, vodka, gin, rum, etc.)?

Please enter how many days per week you drink spirits, cocktails and or alcopops

On the days that you drink spirits, about how many standard pub measures do you typically have per session? (If unsure, please estimate the number of bottles or parts of a bottle)

Please state your usual brand (e.g. Smirnoff, Bells, Gordon's etc.)

20. How many drinks of spirit/cocktails etc do you typically have in a week?

Please type in approximately how many

21. When you drink, how fast do you drink per hour? (Here, a drink is a glass of wine, a pint of beer, a shot of spirit, straight or mixed). Please mark the appropriate box.

○ 1 drink per hour

○ 2 drinks per hour

○ 3 drinks per hour

○ 4 drinks per hour

○ 5 drinks per hour

○ 6 drinks per hour

○ 7+ drinks per hour

○ One drink in 2 hours

○ One drink in 3 or more hours

＊22. How many times have you been drunk in the last 6 months? (eg. loss of co-ordination, nausea, and/or inability to speak clearly/slurring of speech)

Please give a number

＊23. What percentage of the times that you drink do you get drunk? (for example if you get drunk every time you drink this will be 100%)

Please estimate and write the %percentage in the box provided. (PLEASE NOTE: write it in numerical form without the % symbol)

Drinking Motives Questionnaire (DMQ)

Please read the instructions carefully and answer the questions as openly and honestly as possible

Thank you

Thinking of all the times you drink, how often would you say that you drink for each of the following reasons

*24. To forget your worries

◯ Almost never/ Never

◯ Some of the time

◯ Half of the time

◯ Most of the time

◯ Almost always/Always

*25.

Because your friends pressure you to drink

◯ Almost never/ Never

◯ Some of the time

◯ Half of the time

◯ Most of the time

◯ Almost always/Always

*26. Because it helps you enjoy a party

◯ Never

◯ Some of the time

◯ Half of the time

◯ Most of the time

◯ Always

*27. Because it helps when you feel depressed or nervous

◯ Never

◯ Some of the time

◯ Half of the time

◯ Most of the time

◯ Always

*28. Thinking of all the times you drink, how often would you say that you drink for each of the following reasons

To be sociable

○ Never

○ Some of the time

○ Half of the time

○ Most of the time

○ Always

*29. To cheer up when you are in a bad mood

○ Never

○ Some of the time

○ Half of the time

○ Most of the time

○ Always

*30. Because you like the feeling

○ Never

○ Some of the time

○ Half of the time

○ Most of the time

○ Always

*31. So that others won't tease you about not drinking

○ Never

○ Some of the time

○ Half of the time

○ Most of the time

○ Always

*32. Thinking of all the times you drink, how often would you say that you drink for each of the following reasons

Because it's exciting

○ Never

○ Some of the time

○ Half of the time

○ Most of the time

○ Always

*33. To get high/drunk

○ Never

○ Some of the time

○ Half of the time

○ Most of the time

○ Always

*34. Because it makes social gatherings more fun

○ Never

○ Some of the time

○ Half of the time

○ Most of the time

○ Always

*35. To fit in with a group you like

○ Never

○ Some of the time

○ Half of the time

○ Most of the time

○ Always

*36. Thinking of all the times you drink, how often would you say that you drink for each of the following reasons

Because it gives you a pleasant feeling

○ Never

○ Some of the time

○ Half of the time

○ Most of the time

○ Always

*37. Because it improves parties and celebrations

○ Never

○ Some of the time

○ Half of the time

○ Most of the time

○ Always

*38. Because you feel more self-confident and sure of yourself

○ Never

○ Some of the time

○ Half of the time

○ Most of the time

○ Always

*39. To celebrate special occasions with your friends

○ Never

○ Some of the time

○ Half of the time

○ Most of the time

○ Always

*40. To forget about your problems

○ Never

○ Some of the time

○ Half of the time

○ Most of the time

○ Always

*41. Because it's fun

○ Never

○ Some of the time

○ Half of the time

○ Most of the time

○ Always

*42. To be liked

○ Never

○ Some of the time

○ Half of the time

○ Most of the time

○ Always

*43. So you won't feel left out

◯ Never

◯ Some of the time

◯ Half of the time

◯ Most of the time

◯ Always

Alcohol Expectancies Questionnaire

This section is interested in people's expectations of alcohol. Please consider the statement: "If I were under the influence from drinking alcohol…." And then indicate your responses to the following statements by checking the appropriate box under each question

1= If you Disagree
2= If you Slightly Disagree
3= If you Slightly Agree
4= If you Agree

44. "If I were under the influence from drinking alcohol…."

I would feel courageous

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

45. I would have difficulty thinking

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

46. I would act tough

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

47. I would act sociable

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

48.
"If I were under the influence from drinking alcohol…."

I would be clumsy

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

49. I would feel energetic

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

50. I would feel shaky or jittery the next day

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

51. I would feel calm

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

52. My writing would be impaired

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

53. "If I were under the influence from drinking alcohol…."

I would take risks

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

54. I would be humorous

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

55. My problems would seem worse

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

56. I would feel sexy

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

57. I would feel brave and daring

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

58. "If I were under the influence from drinking alcohol…."

I would (feel) act aggressively

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

59. It would be easier to talk to people

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

60. I would feel dizzy

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

61. I would feel self-critical

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

62. My senses would be dulled

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

63. "If I were under the influence from drinking alcohol…."

I would feel creative

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

64. I would feel peaceful

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

65. My responses would be slow

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

66. I would be outgoing

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

67. I would neglect my obligations

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

68. I would enjoy sex more

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

69. "If I were under the influence from drinking alcohol...."

I would feel unafraid

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

70. I would be loud, boisterous or noisy

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

70. I would be loud, boisterous or noisy

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

71. I would feel dominant

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

72. My head would feel fuzzy

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

73. It would be easier to express feelings

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

74. "If I were under the influence from drinking alcohol...."

I would be friendly

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

75. I would be a better lover

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

76. My body would feel relaxed

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

77. I would feel guilty

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

78. I would be talkative

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

79. I would feel moody

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

80. It would be easier to act out my fantasies

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

81. I would feel powerful

○ Disagree   ○ Slightly Disagree   ○ Slightly Agree   ○ Agree

---

Motives for limiting and abstaining from drinking (MAAQ)

The following items are reasons given by people for not drinking alcoholic beverages on a particular occasion or for not drinking alcohol at all.

Please indicate how important each statement is to you personally as a reason for not drinking or limiting your drinking by clicking the appropriate response.

* 82. Please indicate whether you abstain from drinking entirely or some of the time (limit drinking)

○ I am an abstainer (i.e. teetotal)

○ Sometimes I limit my drinking

Other (please specify)

[   ]

83. My family gets upset when I drink alcohol

○ not at all important

○ slightly important

○ moderately important

○ very important

○ extremely important

84. Drinking may interfere with my work/academic performance

- ○ not at all important
- ○ slightly important
- ○ moderately important
- ○ very important
- ○ extremely important

85. My religion does not allow alcoholic beverages

- ○ not at all important
- ○ slightly important
- ○ moderately important
- ○ very important
- ○ extremely important

87. I was brought up to abstain from alcoholic beverages

- ○ not at all important
- ○ slightly important
- ○ moderately important
- ○ very important
- ○ extremely important

88. Drinking alcohol is against my spiritual and/or religious beliefs

- ○ not at all important
- ○ slightly important
- ○ moderately important
- ○ very important
- ○ extremely important

86. I have no desire to drink alcohol

- ○ not at all important
- ○ slightly important
- ○ moderately important
- ○ very important
- ○ extremely important

87. I was brought up to abstain from alcoholic beverages

○ not at all important

○ slightly important

○ moderately important

○ very important

○ extremely important

88. Drinking alcohol is against my spiritual and/or religious beliefs

○ not at all important

○ slightly important

○ moderately important

○ very important

○ extremely important

89. Alcohol impairs peoples' control of themselves

○ not at all important

○ slightly important

○ moderately important

○ very important

○ extremely important

90. I have a medical condition that is made worse by alcohol

○ not at all important

○ slightly important

○ moderately important

○ very important

○ extremely important

91. My family disapproves of drinking alcohol

○ not at all important

○ slightly important

○ moderately important

○ very important

○ extremely important

92. I have or used to have a drinking problem

○ not at all important

○ slightly important

○ moderately important

○ very important

○ extremely important

93. I was taught not to drink alcohol

○ not at all important

○ slightly important

○ moderately important

○ very important

○ extremely important

94. I have a genetic condition which makes it hard for my body to handle alcohol

○ not at all important

○ slightly important

○ moderately important

○ very important

○ extremely important

95. I need money for other things than alcohol

○ not at all important

○ slightly important

○ moderately important

○ very important

○ extremely important

96. My doctor told me not to drink alcohol

○ not at all important

○ slightly important

○ moderately important

○ very important

○ extremely important

97. I don't want to act like people I have encountered who were drunk

○ not at all important

○ slightly important

○ moderately important

○ very important

○ extremely important

98. Being intoxicated or drunk may make me vulnerable and put me at risk from harm

○ not at all important

○ slightly important

○ moderately important

○ very important

○ extremely important

99. One or both of my parents have had a drinking problem

○ not at all important

○ slightly important

○ moderately important

○ very important

○ extremely important

100. Alcohol may affect my studies

○ not at all important

○ slightly important

○ moderately important

○ very important

○ extremely important

101. I do not like the smell or taste of alcohol

○ not at all important

○ slightly important

○ moderately important

○ very important

○ extremely important

> **Parental supervision, parental attitude towards alcohol &
> parental drinking**

This section asks questions regarding your teenage years and family supervision (please consider your guardian or adoptive parent where applicable).

*102. What family setting did you grow up in?

○ Both Mother and Father

○ Single parent family

○ Foster care

○ Adopted

○ I would rather not say

103. When you were a teenager did your parent/guardian know who you spent your free time with?

○ Always

○ Sometime

○ s Never

○ Don't know

104. When you were a teenager did your parent/guardian set a time at which you were expected home?

○ Always

○ Sometime

○ s Never

○ Don't know

*105. How would you best describe your Mother's attitude towards you drinking alcohol when you were in your teenage years?

○ Strongly opposed

○ Moderately opposed

○ Indifferent

○ Accepts it in a family setting

○ Approves in general

○ Not applicable

106. How would you best describe your Father's attitude towards you drinking alcohol when you were in your teenage years?

◯ Strongly opposed

◯ Moderately opposed

◯ Indifferent

◯ Accepts it in a family setting

◯ Approves in general

◯ Not applicable

107. Approximately how many times has your parent (s) witnessed you visibly drunk (e.g. slurred speech and/or uncoordinated movement) ?

◯ Never

◯ 1 Occasion

◯ 2 Occasions

◯ 3 Occasions

◯ 4 Occasions

◯ 5+ Occasions

＊108. During your teenage years if you came home visibly drunk (e.g. slurred speech and/or uncoordinated movement) what would your parent's attitude toward your state be?

◯ Strongly opposed

◯ Moderately opposed

◯ Indifferent

◯ Accepts it in a family setting

◯ Approves in general

◯ Not applicable

109. Do your parents drink alcohol?

◯ Yes

◯ No

110. Have you ever witnessed your parents drunk?

◯ Yes

◯ No

111. To what extent have you seen your parent (s) drunk?

○ Tipsy/Merry

○ Moderately drunk

○ Heavily drunk (impaired movement or slurred speech)

Second part of the demographics items

Thank you for your time and patience. Finally please complete just a few more demographic questions before the exit screen is shown on the survey

*112. What is your occupation

○ Professional (e.g. lawyer, doctor, academic, businesswoman/Man)

○ Public Sector(e.g. teacher, nurse, social worker)

○ Modern Professional (e.g. technologist, computer specialist, banker, journalist, pilot, artist)

○ Support Worker (e.g. care assistant, cleaner, call centre worker, housewife)

○ Skilled Trade (e.g. plumber, electrician, bricklayer)

○ Student

○ Unemployed

Other

[   ]

113. How would you best classify your social class?

○ Working class

○ Upper working class

○ Middle class

○ Upper middle class

○ Upper class

114. Do you hold a religious/spiritual belief?

○ Yes

○ No

115. Are you

○ Atheist

○ Buddhist

○ Church of England

○ Muslim

○ Catholic

○ Other Christian

○ Jewish

○ Hindu

○ Sikh

○ No specific religion

Other (please specify)

116. What is your highest level of education?

○ Masters

○ Degree

○ Foundation Degree

○ HND

○ A Levels|

○ BTEC/AVC

○ GCSE's

Other (please specify)

Thank you for taking the time to complete this survey. The following information provided will give you the ability to contact the researcher if you wish for any further questions or a copy of the final r e s e a r c h.

Please note that your individual answers will not be analysed in isolation and will be compiled with other respondents, hence you shall remain anonymous.

However if you wish to get in touch for any reason the primary researcher of this study can be contacted at the University of West London

Miss Luisa Perrino: luisa.perrino@uwl.ac.uk
Office: Paragon campus PR313

Telephone:
Within the UK, free phone: 0800 036 8888
Outside the UK, international number: +44 (0) 20 8579 5000

Additionally the study is being supervised by Dr Julia Townshend (CPsychol) University of West London (Principal Lecturer in Psychology and Field Leader for Psychology)

Should you be concerned regarding anything related to drinking alcohol below are a list of specialist organizations that can be contacted.

Drink Aware: https://www.drinkaware.co.uk

National Health Service (Alcohol general advice): http://www.nhs.uk/conditions/alcohol-misuse/Pages/Introduction.aspx

Talk to Frank: http://www.talktofrank.com/

Drink Aware (binge drinking concerns): https://www.drinkaware.co.uk/understand-your-drinking/is-your-drinking-a-problem/binge-drinking

Appendix VI: HCREG Correction in syntax for Multiple Regression

Appendix Item HCREG Test (Syntax)

Basic programmed syntax is as follows after running the HCREG Model:

HCREG dv = GlobalpositiveAEQ

/iv = Age

/const = 1

/method = 3

/covmat = 1

Entered to SPSS before definition

```
DEFINE hcreg (dv =!charend ('/')/iv =!charend ('/')
        /test = !charend('/') !default (0)
        /const = !charend('/') !default(1)
        /method = !charend ('/') !default (3)
        /covmat = !charend('/') !default(0)).
PRESERVE.
set length = none.
SET MXLOOP = 100000000.
MATRIX.
GET x/file = */variables = !dv !iv/names = dv/missing = omit.
compute y=x(:,1).
compute x=x(:,2:ncol(x)).
compute iv5 = x.
```

```
compute pr = ncol(x).

compute n = nrow(x).

compute L = ident(pr).

compute tss=cssq(y)-(((csum(y)&**2)/n)*(!const <> 0)).

do if (!const = 0).

  compute iv = t(dv(1,2:ncol(dv))).

  compute df2 = n-pr.

else.

  compute iv = t({"Constant", dv(1,2:ncol(dv))}).

  compute con = make(n,1,1).

  compute x={con,x}.

  compute df2 = n-pr-1.

  compute L1 = make(1,pr,0).

  compute L = {L1;L}.

end if.

compute dv=dv(1,1).

compute b = inv(t(x)*x)*t(x)*y.

compute k = nrow(b).

compute invXtX = inv(t(x)*x).

compute h = x(:,1).

loop i=1 to n.

  compute h(i,1)= x(i,:)*invXtX*t(x(i,:)).

end loop.

compute resid = (y-(x*b)).

compute mse = csum(resid&**2)/(n-ncol(x)).

compute pred = x*b.

compute ess= cssq(resid).

 do if (!method = 2 or !method = 3).

  loop i=1 to k.
```

```
       compute x(:,i) = (resid&/(1-h)&**(1/(4-!method)))&*x(:,i).
    end loop.
   end if.
   do if (!method = 0 or !method = 1).
    loop i=1 to k.
      compute x(:,i) = resid&*x(:,i).
    end loop.
   end if.
   do if (!method = 5).
     loop i=1 to k.
      compute x(:,i) = sqrt(mse)&*x(:,i).
     end loop.
   end if.
  do if (!method = 4).
   compute mn = make(n,2,4).
   compute pr3 = n-df2.
   compute mn(:,2) = (n*h)/pr3.
   compute ex=rmin(mn).
    loop i=1 to k.
      compute x(:,i) = (resid&/(1-h)&**(ex/2))&*x(:,i).
     end loop.
   end if.
  compute hc = invXtX*t(x)*x*invXtX.
  do if (!method = 1).
     compute hc = (n/(n-k))&*hc.
  end if.
  compute F = (t(t(L)*b)*inv(t(L)*hc*L)*((t(L)*b)))/pr).
  compute pf = 1-fcdf(f,pr,df2).
  compute r2 = (tss-ess)/tss.
```

```
compute pf = {r2,f,pr,df2,pf}.

do if (!method <> 5).

print !method/title = "HC Method"/format F1.0.

end if.

print dv/title = "Criterion Variable"/format A8.

print pf/title = "Model Fit:"/clabels = "R-sq" "F" "df1" "df2" "p"/format F10.4.

compute sebhc = sqrt(diag(hc)).

compute te = b&/sebhc.

compute p = 2*(1-tcdf(abs(te), n-nrow(b))).

compute oput = {b,sebhc, te, p}.

do if (!method <> 5).

print oput/title = 'Heteroscedasticity-Consistent Regression Results'/clabels

    = "Coeff" "SE(HC)" "t" "P>|t|"/rnames = iv/format f10.4.

else if (!method = 5).

print oput/title = 'OLS Regression Results Assuming Homoscedasticity'/clabels

    = "Coeff" "SE" "t" "P>|t|"/rnames = iv/format f10.4.

end if.

compute iv2 = t(iv).

do if (!covmat = 1).

print hc/title = 'Covariance Matrix of Parameter Estimates'/cnames =

    iv/rnames = iv2/format f10.4.

end if.

do if (!test > 0 and !test < pr).

 compute L2 = make(pr-!test+!const,!test,0).

 compute L = {L2;L((pr+1-!test+!const):(pr+!const),(pr-!test+1):(pr))}.

 compute F = (t(t(L)*b)*inv(t(L)*hc*L)*((t(L)*b)))/!test.

 compute pf = 1-fcdf(f,!test,df2).

 compute pf = {f,!test,df2,pf}.

 print pf/title = "Setwise Hypothesis Test"
```

```
    /clabels = "F" "df1" "df2" "p"/format F10.4.
 compute iv = t(iv((pr+1-!test+!const):(pr+!const),1)).
 print iv/title = "Variables in Set:"/format A8.
end if.
END MATRIX.
RESTORE.
!END DEFINE.
```

Appendix VII: Facebook Advertisement and Group Decription of the SDQ
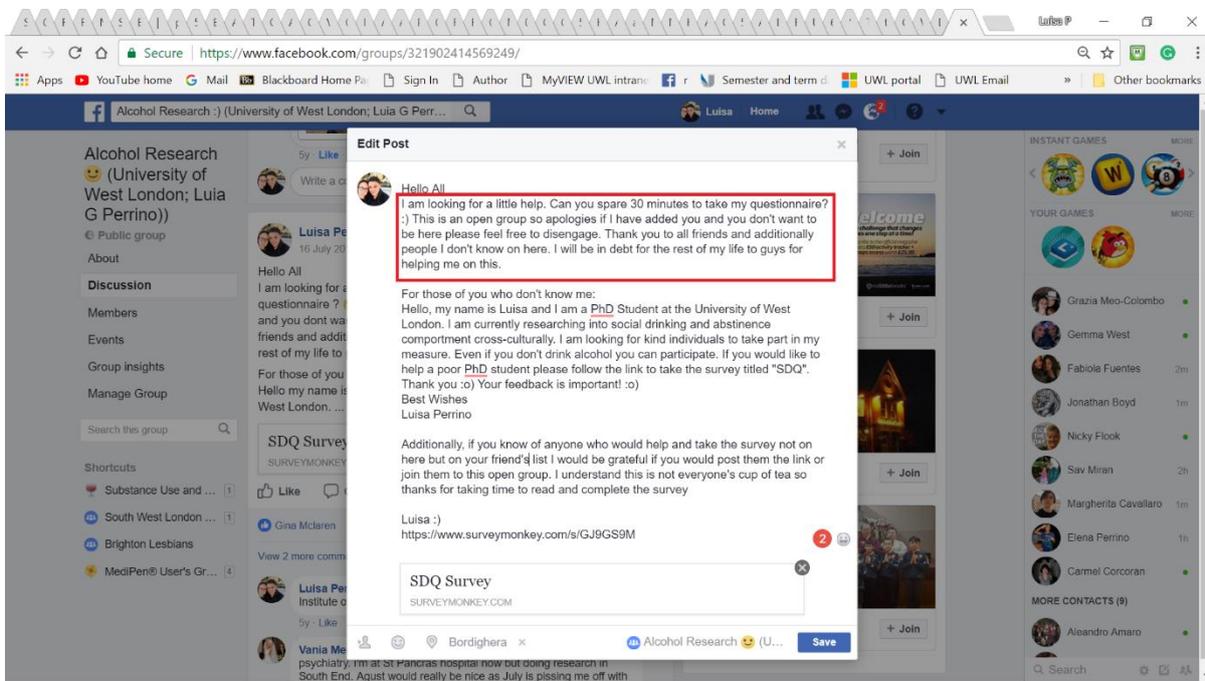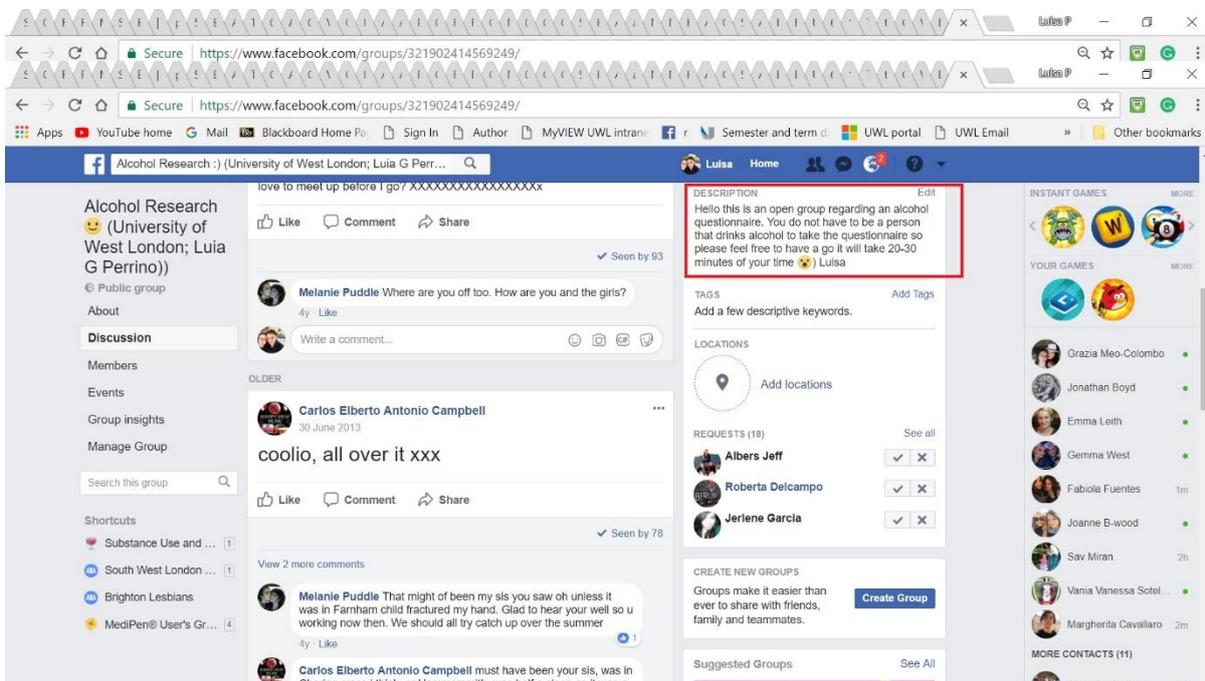
Appendix VIII: Facebook Advertisement and Group Decription of the SDQ

Should you be worried concerning your alcohol use please note that there are many services that offer help and advice on drinking. Below are some numbers and organisations that can be contacted for advice:

Alcohol Concern:

Website:
https://www.alcoholconcern.org.uk/

NHS:

You can contact your General Practitioner (GP) and discuss your drinking. They can offer help and advice.

Drinkline can be contacted if you are worried about your drinking. It is a free and confidential helpline:

0300 123 1110