

# Understanding Motives Behind Alcohol Consumption in Individuals with Alcohol Use Disorder

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**Abstract**—Alcohol Use Disorder (AUD) is a multifaceted and chronic condition influenced by an interplay of psychological, neurobiological, and sociocultural factors. Understanding the underlying motives for alcohol consumption is critical for developing targeted and effective therapeutic interventions. The present study examined the primary motives behind alcohol consumption among individuals diagnosed with Alcohol Use Disorder using the Drinking Motives Questionnaire–Revised (DMQ-R). A cross-sectional quantitative research design was employed. Data were collected from individuals diagnosed with AUD and analyzed using descriptive statistics and the Friedman test. Four motivational domains were assessed: social, coping, enhancement, and conformity. Results indicated that coping motives had the highest mean score ( $M = 3.21$ ), followed by enhancement ( $M = 3.08$ ), social ( $M = 2.47$ ), and conformity ( $M = 1.78$ ). The Friedman test revealed a statistically significant difference among the four motives,  $\chi^2(3) = 76.390$ ,  $p < .05$ . Coping motives also showed the highest mean rank, suggesting that participants primarily consumed alcohol to regulate negative emotional states. These findings support the hypothesis that coping is the dominant motive in individuals with AUD and highlight the importance of integrating emotional regulation strategies into treatment frameworks.

**Index Terms**—Alcohol Use Disorder, drinking motives, coping, DMQ-R, emotional regulation, addiction

## I. INTRODUCTION

Alcohol consumption is deeply embedded in human society, functioning as a central component of social rituals, celebrations, and interpersonal bonding across cultures. In many contexts, alcohol is perceived as a socially acceptable means of relaxation and enjoyment. However, for a subset of individuals, what begins as controlled and socially motivated consumption may gradually evolve into a maladaptive and compulsive pattern of use. This transition marks the development of Alcohol Use Disorder (AUD), a

condition characterized by impaired control over drinking, persistent use despite harmful consequences, and significant psychological and physiological dependence.

According to the Diagnostic and Statistical Manual of Mental Disorders (5th ed.), AUD is defined as a problematic pattern of alcohol use leading to clinically significant impairment or distress, as evidenced by at least two diagnostic criteria within a 12-month period (American Psychiatric Association, 2013). These criteria include increased tolerance, withdrawal symptoms, unsuccessful attempts to cut down, and continued use despite physical or psychological harm. Importantly, AUD exists on a continuum of severity, emphasizing its progressive nature and the variability in individual experiences.

While diagnostic frameworks provide a structured method for identifying AUD, they do not fully explain why individuals continue to engage in harmful drinking behaviors. Motivational theories offer a deeper psychological understanding by conceptualizing alcohol use as a goal-directed behavior. Individuals consume alcohol to achieve specific outcomes, whether emotional, social, or cognitive in nature.

The four-factor model of drinking motives proposed by Cooper (1994) identifies coping, enhancement, social, and conformity motives as the primary drivers of alcohol use. Coping motives involve drinking to reduce negative emotions such as stress, anxiety, or sadness. Enhancement motives are associated with increasing positive affect or excitement. Social motives relate to facilitating interpersonal interactions, while conformity motives involve drinking to avoid social rejection or gain acceptance.

Among these, coping motives have been consistently identified as the strongest predictor of problematic alcohol use (Kuntsche et al., 2005). Individuals who rely on alcohol to manage emotional distress are more likely to develop dependence and experience greater

difficulty maintaining abstinence. Neurobiological research further supports this, demonstrating that alcohol alters reward pathways and stress regulation systems, reinforcing both positive and negative reinforcement cycles (Koob & Volkow, 2016).

Understanding the motives underlying alcohol consumption is therefore crucial for both theoretical advancement and clinical practice. By identifying the psychological functions that alcohol serves, clinicians can develop more targeted interventions that address the root causes of addiction rather than merely its behavioral manifestations.

## II. REVIEW OF LITERATURE

### Theoretical Foundations of Drinking Motives

The study of drinking motives has evolved significantly over the past few decades. Early research primarily focused on patterns of alcohol consumption, such as frequency and quantity. However, this approach failed to capture the psychological reasons behind drinking behavior. Cooper (1994) introduced a paradigm shift by proposing a motivational model that conceptualized alcohol use as purposeful and goal-directed.

According to this model, drinking motives can be categorized along two dimensions: the source of motivation (internal vs. external) and the valence of reinforcement (positive vs. negative). This framework resulted in four distinct motives: coping (internal-negative), enhancement (internal-positive), social (external-positive), and conformity (external-negative). This model has since become one of the most widely used frameworks in addiction research.

### Cross-Cultural Validation

Subsequent research has validated the four-factor model across diverse populations and cultural contexts. Kuntsche et al. (2005) conducted extensive cross-cultural studies demonstrating that the motivational structure of alcohol use is consistent across countries. Their findings revealed that coping motives are strongly associated with problematic drinking, whereas social motives are more common in non-clinical populations.

These findings suggest that while the reasons for drinking may vary in intensity, the underlying motivational framework remains stable across

cultures. This highlights the universal applicability of the DMQ-R as a tool for assessing drinking motives.

### Drinking Motives in Clinical Populations

Research focusing on clinical populations has consistently shown that individuals with AUD exhibit higher levels of coping motives compared to non-dependent drinkers (Merrill & Read, 2010). In these individuals, alcohol often serves as a maladaptive coping mechanism for managing psychological distress, including anxiety, depression, and trauma-related symptoms.

Over time, this reliance on alcohol for emotional regulation can lead to a cycle of dependence, where individuals become increasingly unable to cope without substance use. This reinforces the importance of addressing underlying emotional issues in treatment.

### Neurobiological Correlates

Neurobiological research provides further insight into the mechanisms underlying alcohol use. Alcohol affects multiple neurotransmitter systems, including dopamine, GABA, and glutamate. The activation of the mesolimbic dopamine pathway produces feelings of pleasure and reinforcement, while alterations in stress-related systems contribute to withdrawal and relapse (Koob & Volkow, 2016).

These neuroadaptations support the transition from voluntary use to compulsive consumption, particularly in individuals who drink for coping purposes.

### Indian Context and Research Gap

In India, changing social norms and increasing urbanization have influenced patterns of alcohol consumption. While research indicates that social motives are prevalent among young adults, coping motives are strongly associated with problematic use (Benegal et al., 2009). However, there is limited research focusing specifically on clinical populations with AUD, particularly within the 20–35 age group.

The literature consistently demonstrates that alcohol consumption is goal-directed and emotionally meaningful. The four-factor motivational model developed by Cooper has been validated across cultures and populations, with coping motives emerging as the strongest predictor of problematic and dependent drinking. The DMQ-R has demonstrated strong reliability and validity across multiple

international studies, making it an appropriate instrument for examining motivational patterns in clinical populations.

However, research focusing on clinically diagnosed moderate severity AUD patients in India remains limited. As a result, examining the reasons behind drinking in this group can make a significant contribution to both theoretical knowledge and therapeutic application.

**Research Gap**

Despite extensive international research on drinking motives, several gaps remain. Most studies have focused on non-clinical populations, limiting their applicability to individuals with diagnosed AUD. Additionally, there is a lack of research examining motivational patterns within the Indian cultural context.

**Rationale of the Study**

Understanding why individuals consume alcohol is essential for developing effective treatment strategies. Without addressing the underlying motives, interventions may fail to produce lasting change. This study aims to identify dominant drinking motives among individuals with AUD to inform more targeted and personalized interventions.

**Method**

**Research Design**

A quantitative, cross-sectional research design was employed.

**Participants**

The study included individuals aged 20–35 years diagnosed with moderate Alcohol Use Disorder.

**Instrument**

The Drinking Motives Questionnaire–Revised (DMQ-R) (Cooper, 1994) was used.

**Procedure**

Participants completed the questionnaire in a clinical setting after providing informed consent.

**Statistical Analysis**

Descriptive statistics and the Friedman test were used.

**Results**

**Descriptive Statistics**

Motive	Mean	SD
Coping	3.21	1.477
Enhancement	3.08	1.459
Social	2.47	1.403
Conformity	1.78	1.14

Coping motives had the highest mean score.

Friedman Test

$$\chi^2(3) = 76.390, p < .05$$

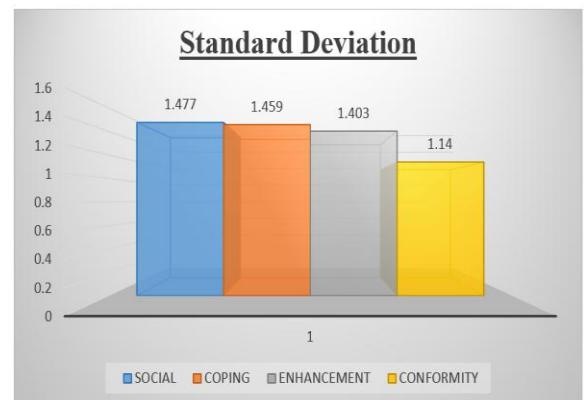
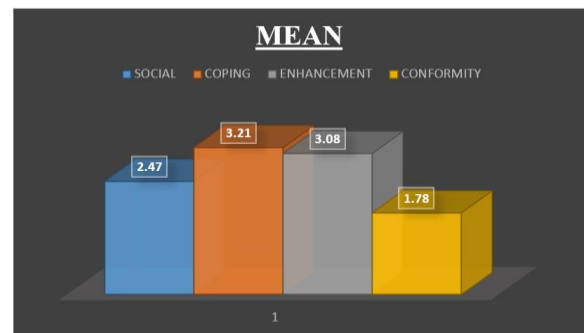
The difference between motives was statistically significant.

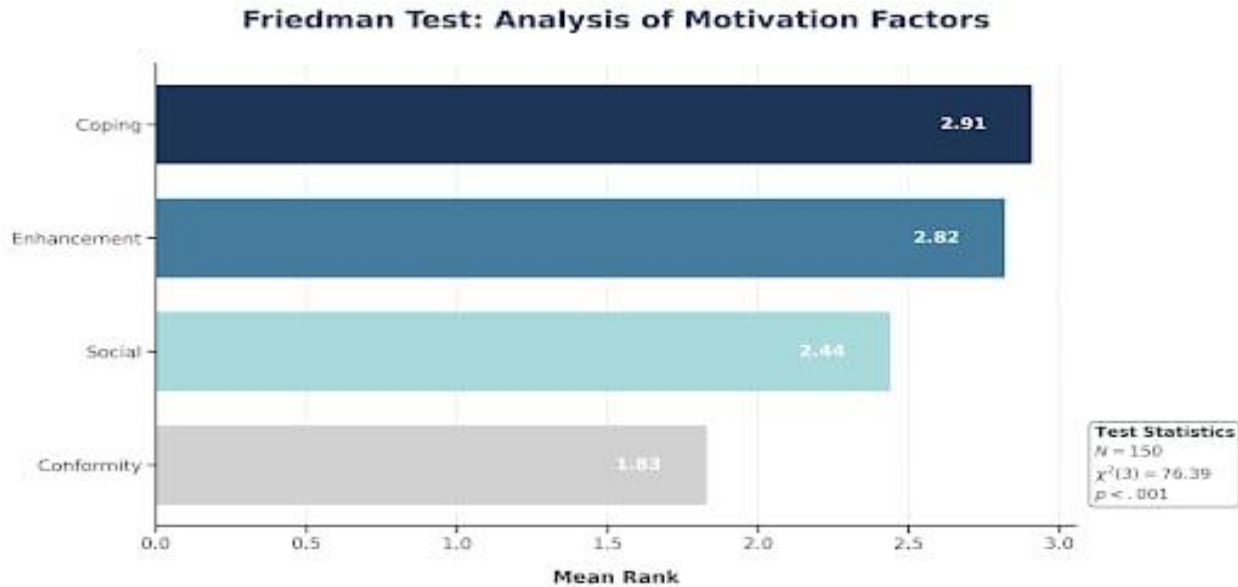
**Mean Ranks**

Motive	Mean Rank
Coping	2.91
Enhancement	2.82
Social	2.44
Conformity	1.83

**Hypothesis Testing**

- H1: Supported
- H2: Supported
- Null hypotheses: Rejected





### III. DISCUSSION

The findings of the present study provide strong support for the motivational model of alcohol use, particularly highlighting the central role of coping motives in individuals with Alcohol Use Disorder. The predominance of coping motives suggests that alcohol consumption in this population is primarily driven by the need to regulate negative emotional states rather than to enhance positive experiences or conform to social expectations.

This finding is consistent with previous research (Kuntsche et al., 2005; Merrill & Read, 2010), which has demonstrated that coping motives are closely associated with alcohol dependence, greater psychological distress, and increased relapse risk. Individuals who rely on alcohol as a coping mechanism may experience temporary relief from negative emotions; however, this relief reinforces continued use, ultimately contributing to the development and maintenance of AUD.

Enhancement motives, while present, were secondary to coping motives, indicating that positive reinforcement plays a less significant role in this clinical population. Social motives were moderately endorsed, suggesting that alcohol consumption still occurs within social contexts, but is not the primary driver of use. Conformity motives were the least endorsed, indicating that peer pressure is not a significant factor in this group.

From a clinical perspective, these findings have important implications. Treatment approaches that focus solely on reducing alcohol consumption without addressing underlying emotional distress may be insufficient. Instead, interventions should incorporate strategies aimed at improving emotional regulation, stress management, and coping skills.

### IV. CONCLUSION

Understanding the psychological factors that underlie alcohol use in people with alcohol use disorder was the goal of the current investigation.

The results show that the primary cause of alcohol consumption in this demographic is coping motivations. The majority of participants stated that they drank alcohol to cope with stress, emotional distress, and unfavorable psychological states.

Additionally, the results showed a statistically significant difference between the four drinking motives, indicating that some motives are more closely linked to alcohol consumption in those with AUD.

These results emphasize how crucial it is to address emotional coping strategies in alcohol use disorder treatment and rehabilitation programs. Interventions aimed at enhancing psychological resilience, stress management, and emotional regulation may lessen reliance on alcohol as a coping mechanism.

Therefore, knowing the reasons underlying alcohol usage might help develop more focused and successful

therapeutic strategies for those who suffer from alcoholism.

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