



Drinking to cope with depression mediates the relationship between social avoidance and alcohol problems: A 3-wave, 18-month longitudinal study

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HIGHLIGHTS

- Undergraduates high in social avoidance drink less alcohol yet have more alcohol problems
- Coping with depression mediates relation of social avoidance and alcohol problems
- More adaptive coping strategies for depressive symptoms may benefit socially avoidant undergraduates.

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ABSTRACT

Undergraduates with high social anxiety have increased alcohol problems, despite lower or equivalent alcohol use levels. Drinking motives mediate the cross-sectional relationship between social anxiety and alcohol problems, with coping and conformity motives being the most commonly observed mediators. Our study extended prior research by using a longitudinal design, examining coping with anxiety motives (CAM) and coping with depression motives (CDM) separately using path analysis, simultaneously considering a variety of drinking motives in the model, and focusing on a particularly severe form of social anxiety – namely, social avoidance. We collected data from 219 undergraduates (72.6% women, mean age of 20.59 years) over three waves spaced six months apart. Results indicated CDM mediated the prospective relationship between social avoidance and alcohol problems. Findings suggest socially avoidant students' escalations in CDM explain their increased alcohol problems over time. Future research should examine involvement of depression and social isolation in contributing to this pathway to alcohol problems.

1. Introduction

Undergraduates are faced with a plethora of new social situations at university. They may be expected to engage in a wide range of social activities and to form new social relationships. Individuals with high levels of social anxiety may find these new experiences challenging. University also tends to be an environment that is conducive to heavy alcohol consumption; thus, undergraduates with elevated social anxiety may learn to use alcohol as a way of forming new social relationships and alleviating some of the anxiety associated with the new social tasks they are facing (Lewis et al., 2008). This can evolve into problematic drinking patterns, which may persist beyond university (Ham, Zamboanga, Bacon, & Garcia, 2009).

Undergraduates high in social anxiety have elevated levels of alcohol problems (Lewis et al., 2008; Stewart, Morris, Mellings, & Komar,

2006), despite consuming less or equivalent levels of alcohol (Buckner, Schmidt, & Eggleston, 2006; Ham, Bonin, & Hope, 2007). Theories used to explain the high comorbidity between clinical levels of social anxiety (social anxiety disorder; SAD) and alcohol-use disorders (AUDs; Grant et al., 2005) can be applied to understanding this finding among undergraduates. These theories include the tension-reduction (Conger, 1956), stress response dampening (Sher & Levenson, 1982), and self-medication (Khantzian, 1997) theories. A common thread of these theories is the notion that alcohol serves as a mechanism to acutely reduce anxiety levels. This then places socially anxious individuals at risk for increased alcohol problems and eventual AUD development (see Morris, Stewart, & Ham, 2005). The self-medication hypothesis (Khantzian, 1997) differs in that it does not exclusively focus on the anxiolytic effects of alcohol, and rather posits that alcohol is applied as a self-medication tool for managing a wider range of negative affective

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states (e.g., depression).

The mediating role of drinking motives has been examined in explaining the relationship between social anxiety and alcohol-related problems (Buckner et al., 2006; Cooper, Hildebrandt, & Gerlach, 2014; Ham et al., 2007; Lewis et al., 2008; Stewart et al., 2006) as a test of the mechanisms suggested by the theories mentioned above. Drinking motives are an individual's reasons for consuming alcohol. Cooper (1994) proposed individuals drink alcohol to achieve a variety of desired outcomes. She suggested two dimensions, valence and source, combine to create four different motives for drinking. Valence refers to the type of reward that is desired by using alcohol (positive or negative reinforcement), whereas source refers to where this desired reward originates (internal or external). Crossing these dimensions yields four different drinking motives: coping motives (internal motivation to reduce a negative state), conformity motives (external motivation to reduce a negative state), enhancement motives (internal motivation to increase a positive state), and social motives (external motivation to increase a positive state; Cooper, 1994).

Most research examining the role of drinking motives in explaining the relationship between social anxiety and alcohol problems in undergraduates is limited by a cross-sectional design. Stewart et al. (2006) used a sample of undergraduate drinkers to examine the cross-sectional mediating role of drinking motives. Social anxiety was negatively associated with frequency of drinking occasions, but positively related to alcohol problems. The latter relation was mediated by both coping and conformity drinking motives (Stewart et al., 2006). Lewis et al. (2008) replicated these cross-sectional findings in 316 undergraduates.

Ham et al. (2009) found coping motives were a partial mediator of the cross-sectional link between social anxiety and alcohol problems as well as alcohol dependence symptoms in undergraduates; conformity motives were not a significant mediator, however. Villarosa, Madson, Zeigler-Hill, Noble, and Mohn (2014) found only conformity motives partially mediated the cross-sectional link between social anxiety and alcohol problems, and coping motives were not a significant mediator in this relationship. This shows variability in support of the three theories mentioned above (tension reduction, stress-response dampening, and self-medication), as conformity motives reflect drinking motivated by an external pressure to drink as opposed to by an internal motivation to reduce distress, which does not directly fit with these theories.

In addition to being limited by a cross-sectional design, earlier studies have grouped coping motives into a single, broad category. However, research illustrates the utility of breaking coping motives into distinct coping with anxiety (CAM) and coping with depression (CDM) motives (Grant, Stewart, O'Connor, Blackwell, & Conrod, 2007). CAM and CDM are associated with different patterns of alcohol use, with CAM being directly related to alcohol problems and CDM being indirectly related to alcohol problems through higher levels of alcohol consumption (Grant et al., 2007). Buckner and Shah (2015) examined if differentiating these two coping motives from each other and from conformity motives would shed light on the cross-sectional relationship between social anxiety and alcohol problems in undergraduate drinkers. They found CAM specifically mediated the relationship between social anxiety and alcohol problems in women whereas conformity motives significantly mediated this relationship in men.

A longitudinal design is better suited for assessing temporal and mediational relationships. A longitudinal study that investigated the relationship of SAD to drinking motives used adolescents in high school, with follow-ups during emerging adulthood (average age of 23.5 years), and young adulthood (average age of 28.5 years; Windle & Windle, 2012). This study found SAD in adolescence predicted later coping drinking motives, with no relationship between baseline SAD and the development of other drinking motives. This study, however, did not assess the potential mediating role of drinking motives in explaining the link of social anxiety and alcohol problems over time and did not separate coping motives into CAM and CDM.

Another longitudinal study tested the mediating role of drinking

motives in the relationship of shyness to problematic alcohol use in undergraduates (Young, DiBello, Traylor, Zvolensky, & Neighbors, 2015). Shyness is more prevalent than social anxiety and is less severe (Carducci, 1999). This study took place over two years, with each wave spaced six months apart. Shyness was related to less drinking but more alcohol problems, like research on social anxiety (e.g., Stewart et al., 2006). Controlling for gender, time, and baseline levels of alcohol consumption, results indicated coping, conformity, and enhancement motives mediated the link between shyness and alcohol problems over time, with coping motives emerging as the strongest mediator.

Research suggests the relationship between social anxiety and alcohol problems is relatively robust, and that drinking motives play an important mediating role in this relationship. Our study advanced this research by using a social avoidance measure to assess social anxiety. Social avoidance is highly related to social anxiety (Miers, Blome, Heyne, & Westenberg, 2014), but is associated with higher levels of impairment as it not only includes fear but also avoidance of social situations (Bogels et al., 2010). We also advanced research by investigating the potential mediating role of drinking motives in explaining the relation of social avoidance to alcohol problems using a longitudinal design and by examining both coping motives (CAM and CDM) separately. To expand on prior research, all five drinking motives were examined as potential mediators together in a common model (cf., Kenney, Lac, LaBrie, Hummer, & Pham, 2013).

We hypothesized (a) Wave 1 social avoidance would be positively related to increases in alcohol problems over 12 months (wave 1 to 3; Lewis et al., 2008; Stewart et al., 2006); and (b) increases in CAM and conformity motives over six months (waves 1 to 2) would mediate the longitudinal relationship between wave 1 social avoidance and increases in alcohol problems over 12 months (waves 1 to 3; Buckner & Shah, 2015; Lewis et al., 2008; Stewart et al., 2006).

2. Method

2.1. Participants

Participants were 219 undergraduates at an eastern Canadian university. Participants were screened for status as a drinker, defined as consuming alcohol at least 4 times in the last month (see Grant, Stewart, & Mohr, 2009). Drinker status was required so that participants could report on their drinking motives. We selected participants who were 26 years of age or younger to ensure generalizability to a typical undergraduate population (Buckner & Shah, 2015). This eliminated 15 individuals who had completed the measures (age range 27–50, $M = 33.06$, $SD = 8.04$). Of the remaining 219 participants, all completed wave one, 184 (84.02%) completed wave two, and 158 completed wave three (72.15%). Participants who did not complete all three waves did not differ from participants who did complete all waves on any variables of interest (age, alcohol consumption levels, M DMQ-R scales, RAPI, and LSAS-A scores; all p values > 0.10). At wave one,¹ participants' ages ranged from 17 to 26 years ($M = 20.59$, $SD = 1.95$), 88.9% identified as Caucasian, and 72.6% were female. On average, participants had completed three years of university ($SD = 1.28$) at wave one.

¹ This is the same sample of participants ($n = 263$, 83% retention rate) from Collins et al. (submitted; Study 1). Participants retained across the two studies did not differ from those in the original study who dropped out before the present study on any variables of interest (age, drinking quantity, social avoidance, drinking motives, and alcohol problems, all $p > 0.05$). The current study used Waves 2 to 4 (referred to in this paper as Waves 1 to 3), which were completed online, of a four-wave longitudinal study. Collins et al. (submitted; Study 1) used data from the original first wave, which was completed in the laboratory, to ensure the data for both studies were distinct from one another. No data from Collins et al. (submitted; Study 1) is used in the current analyses.

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