



Social anxiety and heavy situational drinking: Coping and conformity motives as multiple mediators



Meredith A. Terlecki^{a,*}, Julia D. Buckner^b

^a School of Psychology, University of East London, Stratford, London E15 4LZ, United Kingdom

^b Department of Psychology, Louisiana State University, Baton Rouge, LA 70803, United States

HIGHLIGHTS

- Elevated social anxiety (SA) is associated with greater coping & conformity motives.
- Coping & conforming motives additively mediated heavy situational drinking.
- Negative affect coping & scrutiny avoidance drive situational drinking in high SA.

ARTICLE INFO

Available online 11 September 2014

Keywords:

Drinking problems
Drinking context
Drinking motives
College drinking
Social anxiety

ABSTRACT

Introduction: Individuals with clinically elevated social anxiety are at greater risk for alcohol use disorder, and the relation between social anxiety and drinking problems is at least partially accounted for by drinking more in negative emotional (e.g., feeling sad or angry) and personal/intimate (e.g., before sexual intercourse) situations. Identification of cognitive/motivational factors related to drinking in these high-risk situations could inform the development of treatment and prevention interventions for these high-risk drinkers.

Method: The current cross-sectional study examined the mediating effect of drinking motives on the relationship between social anxiety and drinking these high-risk situations among undergraduates ($N = 232$).

Results: Clinically elevated social anxiety was associated with greater coping and conformity motives. Both coping and conformity motives mediated the relation between social anxiety and heavier alcohol consumption in negative emotional and personal/intimate contexts.

Conclusions: Multiple mediation analyses indicated that these motives work additively to mediate the social anxiety–drinking situations relationship, such that heavy situational drinking among undergraduates with clinically elevated social anxiety can be jointly attributed to desire to cope with negative affect and to avoid social scrutiny.

© 2014 Elsevier Ltd. All rights reserved.

1. Introduction

Heavy alcohol use among undergraduates remains a serious public health concern. Epidemiological studies indicate that 20–30% of undergraduates meet diagnostic criteria for alcohol use disorder (AUD; Clements, 1999; Dawson, Grant, Stinson, & Chou, 2004; Knight et al., 2002). Socially anxious undergraduates are at particular risk for AUD. Clinically elevated social anxiety is associated with a four times greater increase in developing AUD (Buckner et al., 2008) and precedes AUD onset among the vast majority of those with co-occurring AUD and social anxiety disorder (SAD; Buckner, Timpano, Zvolensky, Sachs-Ericsson, & Schmidt, 2008; Schneier et al., 2010). These findings are concerning because college students regularly face novel social anxiety-provoking situations (e.g., living with roommates, oral

presentations, meeting new people) and frequent promotion of extreme alcohol use (Ham & Hope, 2003) on campus. Although brief treatments appear efficacious for reducing college drinking (for review, see Larimer & Cronce, 2007), students with clinically elevated social anxiety have poorer outcomes and continue to drink heavily after receiving treatment (Terlecki, Buckner, Larimer, & Copeland, 2011).

The majority of data suggest that social anxiety and SAD are positively related to drinking problems (for a recent review, see Buckner, Heimberg, Ecker, & Vinci, 2013). Yet, the literature is mixed regarding whether SAD is related to greater quantity or frequency of drinking (see Buckner et al., 2013). Recent data suggests that disparate findings may be due to lack of attention to drinking context. We recently found that although social anxiety was not associated with heavy drinking in general, it was related to greater context-specific drinking such that compared to less anxious students, those with clinically elevated social anxiety drank more in negative emotional (e.g., when feeling sad, angry, or lonely) and personal/intimate contexts (e.g., on a date, after school)

* Corresponding author. Tel.: + 44 (0)20 8223 4463.
E-mail address: m.terlecki@uel.ac.uk (M.A. Terlecki).

but not in social/convivial situations (Terlecki, Ecker, & Buckner, 2014). Importantly, drinking more in negative emotional and personal/intimate situations mediated social anxiety's relation to more alcohol-related problems.

A next step in this line of work is to identify cognitive–motivational factors implicated in heavier drinking in these specific contexts among socially anxious persons, as such information could inform personalized intervention efforts to reduce alcohol use among these vulnerable individuals. Drinking motives, or an individual's reasons for drinking alcohol, are cognitive–motivational variables that seem to be involved in heavy drinking and drinking-related problems (Cooper, 1994). Consistent with the notion that socially anxious persons drink to manage their chronically elevated fear of negative evaluation, social anxiety tends to be associated with drinking to manage negative affect (coping motives) and to avoid social scrutiny (conformity motives; Lewis et al., 2008; Stewart, Morris, Mellings, & Komar, 2006). Yet, data are mixed as to whether these motives are related to greater drinking among socially anxious persons. Coping motives endorsement was positively associated with greater past-month drinking quantity among those with moderate to high social anxiety but not among those with normative levels of social anxiety (Ham, Bonin, & Hope, 2007). Yet neither coping nor conformity motives mediated the relation between social anxiety and past-month drinking quantity or frequency (Ham, Zamboanga, Bacon, & Garcia, 2009). However, it follows that these motives may account for heavy drinking in situations in which socially anxious persons are especially vulnerable to heavy drinking—specifically, negative emotional and personal/intimate situations (Terlecki et al., 2014).

1.1. The current study

The current study evaluated the impact of drinking motives on the relation of social anxiety and drinking in situations using an existing dataset in which socially anxious persons were found to engage in heavy drinking: negative emotional and personal/intimate situations. Specifically, Terlecki et al. (2014) showed a direct effect between social and heavy situational drinking and the mediation model employed situational drinking as the mediator variable in the relationship between social anxiety and drinking problems. The current study extends research on the observed direct effect between social anxiety and situational drinking (Terlecki et al., 2014) by focusing on drinking motives as the indirect path in the relation between social anxiety and situational drinking. The present data builds upon Terlecki et al. (2014)'s finding by demonstrating the relevance of drinking motives as mediators of situational drinking among highly socially anxious drinkers. First, we sought to replicate the finding (Lewis et al., 2008; Stewart et al., 2006) that social anxiety is related to coping and conformity motives. Second, we tested whether coping and/or conformity motives mediated the relation between social anxiety and drinking in negative emotional and personal/intimate situations. Specifically, we tested whether coping and conformity motives independently mediated the relations of social anxiety to context-specific drinking. We also conducted multiple mediator analyses to test whether the additive effects of coping and conformity motives significantly mediated these relations.

2. Method

2.1. Participants

An undergraduate sample ($N = 664$) was recruited through the Department of Psychology research participant pool at a large public university in the southern U.S. from April to May 2011 for a study of social anxiety and high-risk drinking situations (Terlecki et al., 2014). The study received approval from the university's Institutional Review Board. Students provided informed consent prior to commencing the survey. Twenty participants had incomplete survey responses and were excluded. Item responses greater than 3.29 standard deviations

above respective means on drinking or social anxiety measures ($n = 33$; 5%) were considered outliers (Tabachnick & Fidell, 2007). The majority of outliers ($n = 28$; 85%) included extreme responding across more than one measure and therefore those responses were deemed inaccurate. We excluded outliers rather than recoded outliers to improve the accuracy of parameter and statistical estimates (Tabachnick & Fidell, 2007).

Given that the relationship of social anxiety to situational drinking tends to be greater among those with clinically elevated social anxiety (Terlecki et al., 2014) and to increase generalizability to individuals with social anxiety disorder, empirically informed cut-off score on the Social Phobia Scale (SPS) or Social Interaction Anxiety Scale (SIAS; Heimberg, Mueller, Holt, Hope, & Leibowitz, 1992) was used to identify participants with clinically elevated social anxiety. Participants scoring at least one standard deviation above the Heimberg et al. (1992) mean on either the SIAS ($M = 19.9$, $SD = 14.2$) or the SPS ($M = 12.5$, $SD = 11.5$) were included in the high social anxiety (HSA; $n = 116$) group. Thus, participants scoring either above 34 on the SIAS or above 25 on the SPS comprised the HSA group. Previous research suggests that use of either cut-off score is conservative measures of social anxiety among undergraduates (Rodebaugh, Woods, Heimberg, Liebowitz, & Schneier, 2006) and improves identification of those with elevated social anxiety across the diagnostic domains of social interaction fears (SIAS) and social scrutiny fears (SPS; Heimberg et al., 1992). Among those in the HSA group, 76.7% ($n = 89$) scored above the SIAS cut-off, 70.7% ($n = 82$) scored above the SPS cut-off, and 47.4% ($n = 55$) scored above both cut-offs. Due to the large sample size discrepancy among HSA and low social anxiety (LSA) groups, a random sample of 116 undergraduates scoring at or below the SIAS and SPS means (Heimberg et al., 1992) comprised the low social anxiety (LSA) group. This strategy facilitated the comparison of those with clinically elevated social anxiety to students with 'normative' sub-clinical levels of social anxiety while minimizing the risk of introducing errors in statistical analyses due to unequal sample size (Tabachnick & Fidell, 2007). There were no significant differences on key variables (e.g., alcohol use, social anxiety, drinking motives) between low SA undergraduates who were selected for the LSA group versus those who were unselected (all p 's > .05).

The final sample ($N = 232$; 69.4% female) reported a mean age of 19.32 ($SD = 1.34$) years. The majority (97.4%) was non-Hispanic/Latino and the racial composition was 7.3% African American/Black, 3.4% Asian/Asian American, 87.1% Caucasian/White, 0.4% Native American, and 1.7% "mixed". Half were employed part-time, 3.0% were employed full-time, and 44.4% were unemployed. The majority (77.6%) were not Greek system members. Most participants endorsed lifetime (89.1%) and current (past month; 81.0%) alcohol use.

2.2. Measures

2.2.1. Drinking Motives Questionnaire Revised (DMQR; Cooper, 1994)

The DMQR is a 15-item self-report measure designed to measure reasons for drinking alcohol across four empirically derived subscales: coping motives (i.e., drinking to manage negative emotions or undesirable experiences), social motives (i.e., celebratory and social drinking), and enhancement motives (i.e., drinking to augment enjoyable experiences or emotions), and conformity motives (i.e., drinking due to peer pressure or external social pressure). Subscale scores are derived by summing all items loading into each subscale. All subscale scores are positively correlated with drinking frequency; social and enhancement motives are positively correlated with drinking quantity and have high internal consistency among adult (Cooper, Russell, Skinner, & Windle, 1992) and undergraduate samples (Stewart, Zeitlin, & Samoluk, 1996). Internal consistency of the DMQR subscales was adequate in our sample: social ($\alpha = .93$), coping ($\alpha = .87$), enhancement ($\alpha = .90$), conformity ($\alpha = .88$).

Download English Version:

<https://daneshyari.com/en/article/7261225>

Download Persian Version:

<https://daneshyari.com/article/7261225>

[Daneshyari.com](https://daneshyari.com)