

2007

Context and the relationship between social anxiety and urge to drink

Tracey A. Garcia
Florida International University

Lindsay S. Ham
Florida International University

Follow this and additional works at: <https://digitalcommons.wustl.edu/guzeposter2007>



Part of the [Medicine and Health Sciences Commons](#)

Recommended Citation

Garcia, Tracey A. and Ham, Lindsay S., "Context and the relationship between social anxiety and urge to drink" (2007). *Posters*. Paper 22 Samuel B. Guze Symposium on Alcoholism.
<https://digitalcommons.wustl.edu/guzeposter2007/22>

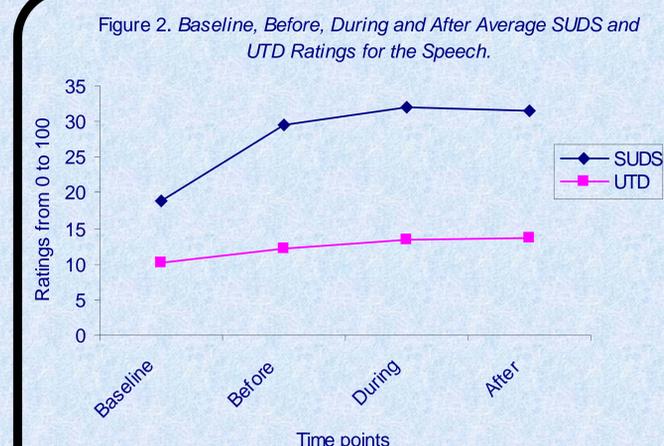
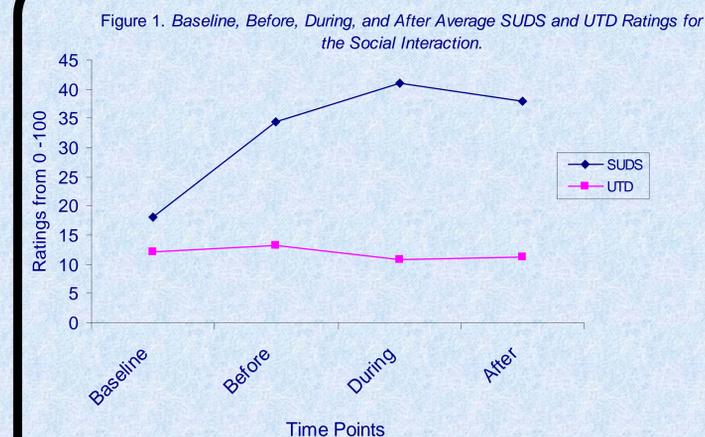
This Poster is brought to you for free and open access by the 2007: Alcohol Use Across the Lifespan at Digital Commons@Becker. It has been accepted for inclusion in Posters by an authorized administrator of Digital Commons@Becker. For more information, please contact vanam@wustl.edu.

Introduction

- Social anxiety and problem drinking frequency co-occur. Several theories have been proposed to explain the co-occurrence of social anxiety and alcohol consumption. Three predominate theories include:
 - Tension Reduction Theory (TRT) (Conger, 1956)
 - Self-Medication Hypothesis (SMH) (Khantzian, 1985)
 - Stress Response Dampening (SRD) (Sher & Levenson, 1982)
- These theories have not fully explained why some individuals with social anxiety choose to drink to relieve stress while some individuals with social anxiety choose not to drink at all. By combining facets of SMH and SRD, one could say that individuals with social anxiety may prefer to drink to reduce social discomfort in certain situations while specifically avoiding alcohol in others.
- Unfortunately, there is insufficient research investigating the role of context (e.g., type of social situation) in the the relationship between social anxiety and alcohol use. In particular, no published research has been found examining social context in the association between social anxiety and *urge to drink* (UTD), or the subjective desire to drink.
- Another limitation in previous work examining social anxiety and UTD is the failure to consider time points in relation to an event, despite findings that participants choose to drink at different rates before and after a social context (performance) compared to a neutral context (reading; Abrams et al., 2002). There is a need to consider context with UTD and social anxiety at varying time points of importance: *before* (i.e., in anticipation), *during*, and *after* the situation.
- The current study examines the link between an individual's self-reported UTD and state social anxiety before, during, and after two typically feared social situations.

Procedure

- After obtaining informed consent, the researcher described the SUDS and UTD ratings and obtained *baseline* ratings.
- Using a within-subjects design, participants completed both social task challenge conditions (social interaction and speech) in counterbalanced order. The social task challenge is a common method to assess social anxiety and social skills in treatment and research settings.
 - *Social Interaction*: the participant is instructed to "act as you normally would while meeting another individual for the first time" in a four-minute interaction. The research assistant is instructed to act in a friendly, but reserved manner, similar to previous studies (e.g., Norton & Hope, 2001).
 - *Speech* (performance related): the participant is instructed to give a speech on a topic of their choosing for four minutes. There are two audience members present (research assistants) who are instructed to refrain from speaking to the participant, similar to previous studies (e.g., Norton & Hope, 2001).
- The participant was informed of the first social task condition and then left alone for five minutes to induce anticipation.
 - Prior to beginning the task, *anticipatory* SUDS and UTD ratings were obtained.
 - At two minutes, the *during* SUDS and UTD ratings were obtained.
 - At completion of the social task, the *after* SUDS and UTD ratings were obtained.
- In between the first and second social task challenge conditions, the participant completed a questionnaire packet including measures of alcohol-related problems (RAPI) and social anxiety (SIAS and SPS).
- After completing the questionnaire packet, the participant begins the second social task challenge following the same procedures for obtaining SUDS and UTD ratings as the first social task.



Methods

- Participants
 - Participants included a diverse sample of 21 non-abstaining students (consumed 3 or more standard drinks in past month)
 - 66.7% Hispanic
 - 62% female
 - Mean age = 20.3 ($SD = 1.88$).
- Measures
 - Three measures were used to assess general levels of alcohol-related problems and social anxiety
 - *Rutgers Alcohol Problem Inventory* (RAPI; White & Labouvie; 1989)
 - RAPI mean = 8.24 ($SD = 7.99$)
 - *Social Interaction Anxiety Scale* (SIAS) and the *Social Phobia Scale* (SPS) (Mattick & Clark, 1998)
 - SIAS Mean = 20.88 ($SD = 1.88$)
 - SPS Mean = 19.38 ($SD = 9.28$)
 - *Subjective Units of Discomfort* (Wolpe, 1973; Hope et al., 2000).
 - This measure is an indication of how distressed an individual is ranging from 0 (*not at all distressed*) to 100 (*unbearable amount of anxiety*). There are also intermittent anchors of 25 (*mild anxiety*), 50 (*moderate anxiety*), and 75 (*high anxiety*).
 - Social Interaction SUDS range = 0 - 90
 - Speech SUDS range = 0 - 75
 - *Urge to Drink* (UTD)
 - One item was used to access UTD that was modeled after an item of the desire to drink scale of the Alcohol Use Questionnaire (AUQ; Bohn et al., 1995).
 - The rating scale was modified from the AUQ 7-point scale by extending the lower and upper anchors (0 = *no urge to drink* and 100 = *maximum urge to drink*) to keep consistent with SUDS and to provide a broader range of responses.
 - Social Interaction UTD range = 0 - 70
 - Speech UTD range = 0 - 75

Results

- Preliminary Analyses
 - For each social task condition, two repeated-measures ANOVAs were conducted to evaluate the differences in the SUDS levels at each time point and the same procedure was used to assess UTD levels at each time point (before, during, and after). See Figures 1 and 2 for a visual depiction of SUDS and UTD levels across conditions.
 - None of the analyses were statistically significant; however, the ANOVA for changes in SUDS in the social interaction condition was approaching significance, $F(2,18) = 2.61, p = .10$.
- Hypothesis Driven Analyses
 - To test the association between SUDS and UTD at each time point in the social task challenges, partial correlations (controlling for baseline SUDS) were conducted.
 - In the social interaction condition, the SUDS and UTD were not significantly related at any time point (*before*, *during*, and *after*).
 - For the speech condition, the SUDS and UTD were positively significantly related *during* the speech ($r = .57, p = .009$) and *after* the speech ($r = .45, p = .047$).
 - The SUDS and UTD were not significantly related for before the speech, however, were approaching significance ($r = .38, p = .097$).

Discussion

- Contrary to expectations, there were no significant relations when examining SUDS and UTD in the social interaction task (*before*, *during*, and *after*).
- Partial correlations revealed that individuals' SUDS and UTD were related during and after the speech.
 - As hypothesized, SUDS and UTD *after* the speech were related
 - Consistent with Abrams et al. (2002).
 - After the speech, one may wish to "celebrate" as the evaluation period has ended and one may be less concerned about impairment from the effects of alcohol while speaking.
- The relation between SUDS and UTD *during* the speech is surprising.
 - It could be that the urge to drink is not an indication that if offered an alcoholic beverage the individual *would* consume the drink.
 - Future research should delineate the relationship between UTD, likelihood of consuming a drink, and actual consumption.
- A limitation to this study includes a small sample size.
 - The small sample size might have resulted in a Type II error.
 - More data are being collected now as to resolve this issue.
- Another limitation to this study included not having an actual account of how much the individuals drank in general (they had to have drunk three times in the past month, but no data were actually collected).
 - Although the study qualifications included individuals that drank three times in the past month, it may be that if participants do not drink regularly (which was not assessed) they may not associate alcohol consumption with anxiety reduction.