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Social anxiety and college drinking: An examination of coping and conformity drinking motives

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Introduction

Although social anxiety and problem drinking commonly co-occur, the relationship between social anxiety and drinking among college students is not well understood. According to theories related to self-medication (see Carrigan et al., 2003 for a review), college students may be particularly at risk for drinking to reduce social anxiety due to the frequent exposure to novel social situations. In many of these situations, alcohol is easily accessible and frequently promoted. However, findings regarding the association between social anxiety and drinking in college students have been mixed (e.g., Eggleston et al., 2004; Ham et al., 2005; 2006)

Drinking motives (i.e., reasons for drinking) have been implicated as a potential factor in the association between social anxiety and drinking. For instance, socially anxious individuals report drinking alcohol to cope with distress in social situations than normal controls (Thomas et al., 2003). Cooper (1994) proposed four drinking motives: Coping (i.e., drinking to reduce negative affect), Conformity (i.e., drinking to avoid social censure), Enhancement (i.e., drinking to enhance a positive mood), and Social (i.e., drinking to attain positive social rewards). Three recent studies examined the association between drinking motives and social anxiety among college students. Although Buckner et al. (2006) and Ham et al. (in press) found that social anxiety was unrelated to coping and conformity motives, other evidence supports the utility of these drinking motives in the association between social anxiety and drinking. For instance, Stewart et al. (2006) found that social anxiety was positively correlated with coping and conformity motives and both motives mediated the relationship between fear of negative evaluation and drinking problems. In post hoc multiple regression analyses, Ham et al. (in press) found that coping motives predicted greater drinking and alcohol-related problems for high and moderate social anxiety groups, but not for the low social anxiety group. Buckner and colleagues (2006) found that social anxiety was positively correlated with drinking in situations related to coping and conformity motives (e.g., unpleasant emotions, conflict with others, and social pressure). These three studies utilized a samples which were primarily Caucasian (85-90%).

Given the mixed findings and lack of research focusing on ethnically diverse college students, the current study examined the role of drinking motives, particularly coping and conformity motives, in social anxiety and drinking in a sample consisting of predominately ethnic minority students.

Method

Participants were 285 student volunteers attending Florida International University

- 188 (66%) women
- 95 (34%) age 18, 87 (31%) age 19, 35 (12%) age 20, 55 (19%) ages 21-25, 12 (4%) age 26+
- The majority of participants reported a non-White/Caucasian (88%) ethnic background
 - 9 (3%) Asian/Asian American
 - 22 (8%) Black (non-Hispanic)/African American
 - 12 (4%) Black (Hispanic/Latino)
 - 161 (57%) White (Hispanic /Latino)
 - 29 (10%) White/Caucasian (non-Hispanic)
 - 35 (12%) Mixed ethnicities
 - 13 (5%) Other ethnicity
 - 4 (1%) Not reported

Participants completed a questionnaire packet as part of a larger multisite college drinking study, including instruments assessing drinking motives, social anxiety, and hazardous drinking.

- *Drinking Motives Questionnaire-Revised* (DMQ-R) 20-item self-report questionnaire intended to assess four drinking motives: coping, conformity, social, and enhancement (Cooper, 1994).
- *Social Interaction Anxiety Scale* (SIAS) 19-item self-report questionnaire intended to assess fear of social interactions (Mattick & Clarke, 1989).
- *Alcohol Use Disorder Identification Test* (AUDIT) 10-item self-report questionnaire designed to assess levels of hazardous drinking (Babor et al., 1992).

Table 1. Summary of Study Variables (N = 285).

	Mean (SD)
Drinking Motives (DMQ-R)	
Coping	8.81 (4.66)
Conformity	5.88 (2.37)
Enhancement	14.51 (6.32)
Social	14.52 (5.54)
Social Anxiety (SIAS)	19.22 (13.77)
Hazardous Drinking (AUDIT)	7.27 (5.91)

Results

Table 2. Correlations between Social Anxiety and the Drinking Motives Questionnaire-Revised Scales (N = 285).

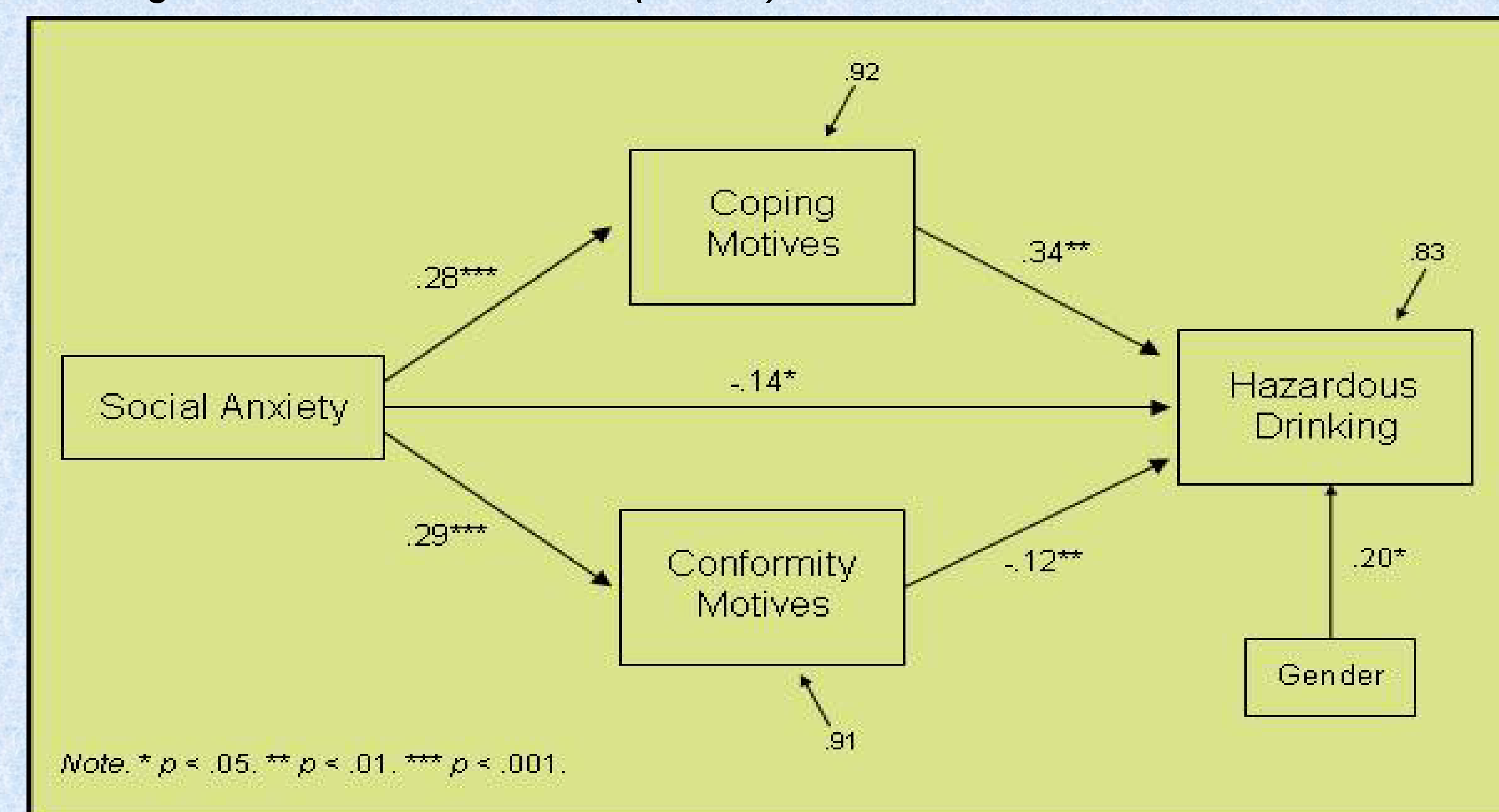
	Coping	Conformity	Enhancement	Social
Social Anxiety (SIAS)	.27***	.28***	.08	.10

Note. *** $p < .001$.

As expected, social anxiety was positively correlated with DMQ-R coping and conformity motives, and social anxiety was unrelated to DMQ-R enhancement and social motives for drinking (see Table 2).

To test coping and conformity motives as mediators in the association between social anxiety and hazardous drinking, the fit of the model in Figure 1 was evaluated with AMOS 6.0. Given gender differences in hazardous drinking levels (e.g., Wechsler et al., 1995), gender was included as a covariate in the model. Eight participants that did not report gender were excluded from the analyses. As the multivariate kurtosis score and one univariate kurtosis value indicated non-normality, the model was evaluated using bootstrapping (2000 bootstrap replicates) to address non-normality related to kurtosis.

Figure 1. Path Model Testing the Role of Drinking Motives in Social Anxiety and Hazardous Drinking with Gender as a Covariate (N = 277).



Fit indices suggest a fair to good fitting model (Bollen-Stine $\chi^2 p = .12$; RMSEA = .08; close fit test $p = .19$; CFI = .95; no absolute standardized residuals > 1.96; no modification indices). Standardized parameter estimates in Figure 1 indicate that social anxiety was positively associated with coping and conformity motives, but had a small negative relation with hazardous drinking. As expected, coping motives were positively related to hazardous drinking. Conformity motives had a small negative association with hazardous drinking. Social anxiety had a significant indirect effect on hazardous drinking (.06, $p = .03$).

Discussion

The current findings supported the hypothesis that socially anxious college students often drink to cope with negative affect or to avoid social scrutiny by peers. Although both coping and conformity motives were related to social anxiety, it appears that coping drinking motives may be related to increased problem drinking, while drinking to "fit in" may relate to slightly decreased hazardous alcohol use.

Overall, social anxiety had a positive *indirect* effect, but did not have significant *total* effects on drinking. However, the differential indirect effects of social anxiety on hazardous drinking across the two types of motives (coping: .10; conformity: -.03) could help explain mixed findings related to social anxiety and drinking among college students in previous studies. It is possible that a subset of socially anxious students are at risk for misusing alcohol due to frequently drinking specifically to cope with negative affect, while others avoid social scrutiny in general (related to drinking *and* non-drinking social situations) and drink to "fit in" in the infrequent occasion when the individual encounters a drinking situation.

Although the study had the strengths of a relatively large, ethnically diverse sample, and an SEM approach to analyzing the path model, limitations include the lack of causal interpretability, high error variance, and a potential floor effect of conformity motives. The findings do provide support for the utility of drinking motives, particularly coping and conformity motives, in understanding the social anxiety—drinking relationship. Assessment of drinking motives may play an important role in prevention and treatment of alcohol use disorders.