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Self-medication in social phobia A review of the alcohol literature[☆]

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Abstract

It is well documented that many individuals endorse the belief that alcohol reduces social anxiety. Individuals with social phobia, therefore, might be expected to use alcohol as a coping strategy in an attempt at self-medication. The purpose of the present paper was to review the published literature on the relationship between alcohol use and social phobia to test the self-medication hypothesis (SMH). Support for one aspect of the SMH was found; individuals with social phobia use alcohol to reduce anxiety. Support for the second premise, that alcohol actually reduces social anxiety, was less conclusive.

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1. Introduction

1.1. Social phobia

Social phobia was first described in 1970 (Marks, 1970), but it was only differentiated as a distinct anxiety disorder in 1980 in the *Diagnostic and Statistical Manual of Mental Disorders, Third Edition* (DSM-III) (American Psychiatric Association, 1980). Prior to this

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time, social phobia was incorporated into a poorly differentiated category of anxiety neuroses (Levin, Schneier, & Liebowitz, 1989) and was considered by many to be a personality disorder (Turner & Beidel, 1989). Thus, the field of social phobia is only two decades old, but interest has increased at a rapid rate in recent years (Ballenger et al., 1998). Social phobia is no longer the neglected anxiety disorder it was in the mid-1980s (Liebowitz, Gorman, Fyer, & Klein, 1985). There has been growing interest from the research community, the treatment community, and, most recently, the pharmaceutical community (Pande et al., 1999; Stein et al., 1998).

Social anxiety disorder has an age of onset in the early teen years and is frequently accompanied by other Axis I diagnoses, especially generalized anxiety disorder, depression, and alcoholism (Himle & Hill, 1991; Lepine & Pelissolo, 1998; Merikangas & Angst, 1995; Regier et al., 1990). It is one of the few disorders that predates the onset of alcoholism and, therefore, is most often a primary (as opposed to a secondary) disorder (Merikangas & Angst, 1995). Persons with social phobia fear and avoid a wide variety of social and performance situations (e.g., hosting parties, giving unprepared speeches, being the center of attention, writing or eating in public, performing a task, etc.) where they will encounter new people or possible evaluation by others. They fear that they will do something foolish and will be humiliated or embarrassed. Individuals are classified as nongeneralized type if they display persistent fear of one situation or generalized type if they fear multiple social or performance situations. The most prominent physical symptoms include heart palpitations, trembling, sweating, and blushing (Gorman & Gorman, 1987). Anticipatory anxiety eventually leads to avoidance of the feared situation, such that the avoidant behavior actually interferes with occupational functioning, social activities, or interpersonal relationships with others. The intensity of social evaluative anxiety and the magnitude of the avoidant behavior distinguish it from shyness (Chavira & Stein, 1999).

1.2. Functional associations

As proposed in a recent review (Kushner, Abrams, & Borchardt, 2000), anxiety disorders can serve to initiate alcohol use, to maintain continued use, and in alcohol dependent individuals, anxiety disorders can contribute to relapse if left untreated. A significant number of individuals with social phobia and alcoholics with social anxiety symptoms report using alcohol to “cope” with anxiety problems. Schneier, Martin, Liebowitz, Gorman, and Fyer (1989) reported that 7 of 13 patients with social phobia on whom data were available “often or always” used alcohol to relieve symptoms of social phobia. Smail, Stockwell, Canter, & Hodgson (1984) reported that 58 of 60 patients used alcohol deliberately to cope in feared situations. Recent findings from our own clinical trial of treatment-seeking alcoholics with comorbid current social phobia demonstrated a 100% positive response to a question about ever using alcohol to cope with anticipatory social anxiety (Randall, 2000).

The question of whether or not alcohol actually reduces social evaluative anxiety is critical because if it does not, then it would be possible to challenge this cognitive belief (expectancy challenge) in the course of therapy. If it in fact does reduce social anxiety, then it will be important to determine under what social situations, in what doses, and for whom

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