



SOCIAL ANXIETY AND DRINKING IN COLLEGE STUDENTS: A SOCIAL COGNITIVE THEORY ANALYSIS

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ABSTRACT. *Evidence is reviewed that indicates that social anxiety is a significant motivation for drinking among college students. Although the link between social anxiety and alcohol consumption has been studied from a variety of perspectives, there has been little integration of data. Drawing from the alcohol and anxiety literature, the relationship between social anxiety and heavy drinking in college students is examined. Findings indicate a clear relationship between social anxiety and drinking that may be moderated by alcohol expectancies and self-efficacy beliefs specific to socially anxious situations. A social cognitive model is proposed to guide future research and intervention efforts. A better understanding of college students' reasons for drinking offers the possibility of improving prevention and treatment efforts designed to reduce excessive drinking.* © 1999 Elsevier Science Ltd

INTRODUCTION AND OVERVIEW

In the 45 years since publication of Strauss and Bacon's (1953) *Drinking in College*, there has been a considerable increase in the amount of research devoted to understanding factors that influence and/or promote excessive drinking in college students. Recent estimates suggest that over 40% of college students drink excessively, and that many experience academic (Perkins, 1992; Wechsler, Davenport, Dowdall, Moeykens, & Castillo, 1994), interpersonal (O'Hare, 1990a; Presley & Meilman, 1992), and legal (Presley, Meilman, & Lyera, 1994; Schuckit, Klein, Twichell, & Springer, 1994) difficulties as a result of their excessive alcohol use. The developmental age of most college students is characterized by assertions of independence, experimentation with new "adult" behaviors, and feelings of invulnerability that promote drinking. The considerable variability in excessive drinking among college campuses is probably best explained by differences in culture and environmental contingencies (e.g., peer pressure, social norms, high availability) associated with the use of alcohol (Fromme,

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Marlatt, Baer, & Kivlahan, 1994; Wechsler, Dowdall, Davenport, & Castillo, 1995). Nevertheless, it is likely that variability in drinking behavior between individuals is at least partially explained by differences in motivations and beliefs related to alcohol consumption. However, individual differences in reasons for drinking are relatively unexplored in college populations. One particular individual characteristic that has received surprisingly little attention in the college research literature is social anxiety.

According to Leary and colleagues (Leary, 1983a; Leary & Kowalski, 1995; Schlenker & Leary, 1982) and other anxiety experts (e.g., Barlow, 1988; Hope & Heimberg, 1993; Turner & Beidel, 1989), individuals experience feelings of social anxiety in situations where their behavior is subject to the real or imagined scrutiny of others or when they are motivated to make a good impression but have doubts about their ability to do so. The highly social nature of a university campus, with pressures to "fit in," is likely to result in students meeting and socializing with new people on a regular basis. The desired goal of acceptance may motivate students to socialize, but the unfamiliarity of the people and the settings may produce feelings of social anxiety in some. It is not surprising, therefore, that up to 37% of college undergraduates report feelings of nervousness or anxiety when interacting with members of the opposite sex (Arkowitz, Hinton, Perl, & Himadi, 1978). Interestingly, in college student populations, drinking most frequently occurs in the context of small mixed-sex groups (Carey, 1993; Goodwin, 1990) and the reasons most often cited for drinking are to relieve tension, be sociable, and meet new people (McCarty & Kaye, 1984; O'Hare, 1990a).

For socially anxious college students, the high social demands, easy access to alcohol, and frequent promotion of drinking that often occur on college campuses (Johnson, Springer, & Sternglanz, 1982; Nathan, 1994) may pose difficulties with regard to moderating alcohol consumption. Yet, it seems clear that social anxiety does not inevitably lead to excessive alcohol consumption. Rather, it seems more likely to occur if the individual views alcohol as a social facilitator/anxiety reducer and has little confidence in his ability to utilize other anxiety reducing strategies. Several studies (Burke & Stephens, 1997; Leonard & Blane, 1988; O'Hare, 1990b) have found significant relationships between college students' self-reports of social anxiety and social cognitive constructs, such as alcohol expectancies of social facilitation and self-efficacy for avoiding drinking heavily in social situations. However, little attempt has been made to integrate these findings into a coherent model of social anxiety and alcohol use in the college population.

One practical implication of examining individual motivations for drinking, such as social anxiety, is that college alcohol intervention programs could be tailored to fit individual differences. Most college student alcohol intervention programs utilize global education and prevention programs that conceptualize drinkers as a homogeneous population. These programs typically report minimal rates of effectiveness (Goodstat, 1986; Moskowitz, 1989) that may be, in part, attributed to their failure to attend to the underlying motivations (e.g., social anxiety) that maintain excessive levels of drinking (Stravynski, Lamontagne, & Lavallé, 1986). In their reviews of the treatment matching literature, Mattson and colleagues (Mattson & Allen, 1991, Mattson et al., 1994) suggest that, compared to clients randomly assigned to treatments, those who are matched on the basis of their intra- and interpersonal characteristics (e.g., anxiety, social skills deficits) tend to have better outcomes, as evidenced by higher rates of treatment completion, lower relapse rates, and reduced levels of consumption. Although a recent major clinical trial (Project Match Research Group, 1997) found little support for treatment matching hypotheses, it did not specifically

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