



Constructive thinking, antisocial behavior, and drug use in adolescent boys with and without a family history of a substance use disorder

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Abstract

The purpose of this study was to determine the manner in which constructive thinking (CT) and antisocial behavior (ASB) are related to drug use in 295, 15–17 year old, adolescent males with a positive (FHP; $n = 126$) and a negative (FHN; $n = 169$) family history of a substance use disorder (SUD). CT is considered to be a “nonintellective” cognitive skill that reflects the ability to effectively deal with problem situations through the use of different thinking styles and behavioral, social, and emotional coping strategies. CT and ASB were measured using self-report inventories in a laboratory setting. Three types of drug use were assessed: (a) number of drugs used, (b) drug use frequency, and (c) drug use problems. Results showed that the FHP group had significantly lower CT and significantly higher ASB and drug use scores compared with the FHN group. CT was significantly related to each type of drug use and these relations were all mediated by ASB. Moreover, the relation between CT and drug use frequency was moderated by ASB and the relations between ASB and each form of drug use were moderated by family history. Although few in number, this and other studies show that deficits in nonintellective forms of cognition such as CT are important liability factors for SUD that require further investigation.

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1. Introduction

Males with a positive family history (FHP) of a substance use disorder (SUD) are at high risk for the development of an SUD compared with those with a negative family history (FHN) of the

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disorder (for reviews see Pihl, Peterson, & Finn, 1990; Sher, 1991). It is well known that FHP males differ from FHN controls on a number of variables considered to be risk factors for SUD (Tarter et al., 1999). For example, there is a large literature describing mild cognitive deficits in FHP individuals. Compared with their FHN counterparts, FHP males exhibit poorer performance on tests of visuospatial abilities, perceptual-motor skills, language processing, reading comprehension, vocabulary, educational achievement, and executive functioning which includes planning, problem solving, attentional control, categorization, organization, abstracting ability, and working memory (for reviews see Giancola & Moss, 1998; Pihl et al., 1990; Tarter et al., 1999).

Given their nature, the cognitive abilities listed above fall under the rubric of “intellective” processes. However, in addition to intellective skills, there also exist “nonintellective” forms of cognition which refer to particular biases or styles of thinking, interpreting information, and coping. Epstein and Meier (1989) recently identified a nonintellective cognitive ability which they termed constructive thinking (CT). CT is defined as “a person’s ability to think in a manner that solves everyday problems in living at a minimal cost in stress” (Katz & Epstein, 1991, p. 789). More specifically, CT is a form of experiential intelligence (“common sense” information that is acquired through experience) that reflects the ability to effectively deal with problem situations through the use of different thinking styles and behavioral and emotional coping strategies (Epstein & Meier, 1989).

FHP children have been well-studied with regard to their intellective cognitive abilities, however, the same cannot be said for their nonintellective abilities. Investigating these processes and the manner in which they are related to drug use in FHP children is important because persons with distorted thinking styles or low CT are probably more likely to use drugs compared with their more adaptive-thinking counterparts. Specifically, adolescents with poor nonintellective cognitive abilities may be at high risk for drug use and SUD because of their inability to effectively deal with stress and their reduced capacity to invoke the necessary behavioral and emotional skills needed to cope with, and solve, everyday problems.

Of the few studies investigating the relation between nonintellective cognitive functions and drug use, one found that FHP boys exhibit a distorted cognitive style insofar as they explain negative situational events by making maladaptive internal, stable, and global cognitive misattributions (Perez-Bouchard, Johnson, & Ahrens, 1993). Another study demonstrated that cognitive distortions in the form of overgeneralization, selective abstraction, personalization, and catastrophizing, are related to increased drug use in adolescent boys with and without a family history of SUD (Giancola, Mezzich, Clark, & Tarter, 1999). These results are supported by clinical data indicating that increased cognitive distortions are related to a diagnosis of SUD in dually-diagnosed male and female adolescents (Kempton, Van Hasselt, Bukstein, & Null, 1994).

Although the relation between CT and drug use also remains largely unexplored, there is some evidence to suggest that the two constructs are linked. For example, compared with FHN children, FHP children are more likely to respond to their problems with avoidant, emotionally reactive nonconstructive coping strategies (Clair & Genest, 1987). More specifically, CT has been found to correlate negatively with drug use in college undergraduates (Epstein & Meier, 1989) and pregnant women (Park, Moore, Turner, & Aldler, 1997). Other research has demonstrated that adolescent females with an SUD have lower CT scores compared with non-SUD controls and that CT is negatively related to drug use in these girls (Giancola, Shoal, & Mezzich, 2001). Together, these findings suggest that low CT (e.g. weak behavioral and emotional coping skills)

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