



Adolescent smoking and drinking: The role of communal mastery and other social influences

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Abstract

The main goal of this study is to investigate social influences of adolescent smoking and drinking. These social influences include social motives, parental attitudes, communal mastery and peers' substance use patterns. Literature suggests that communal mastery (as a form of social competence) may be related to adolescent substance use. In addition, gender differences may be hypothesized in the social influences of adolescent substance use. Data were collected in a middle and high school student population ($N=634$, 50.6% males, age range: 11–19, mean: 15.6, S.D.: 2.0) in Szeged, Hungary. The instruments contained questions on sociodemographics, smoking and drinking, social influences, social motives, and communal mastery. Results showed that high levels of communal mastery was an important protective factor against adolescent boys' smoking and drinking. For girls, communal mastery did not play such a role. The role of social motives, friends' and best friend's substance use and parental approval also were justified.

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1. Introduction

Smoking and drinking, as the most common forms of substance use, are influenced by a variety of social factors. Social influences vary from social norms and expectations to more direct ways of invitations and pressures (see, e.g., Oostveen, Knibbe, & de Vries, 1996; Simons-Morton, Haynie, Crump, Eitel, & Saylor, 2001). The peer context is perhaps the most salient predictor of adolescent substance use, which often is

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expressed as a social pressure from peers to initiate substance use (Hussong, 2002; Piko, 2001a). Adjusting to social pressure has been found among the key factors in the initiation of smoking (Li et al., 2003) as well as of drinking (Stewart, Zeitlin, & Samoluk, 1996; Wild, 2002). Friends' smoking, particularly the best friend's smoking, is often the strongest predictor of smoking in adolescence (De Vries, Engels, Kremers, Wetzels, & Mudde, 2003; Piko, 2001a; Stein, Newcomb, & Bentler, 1996). Social motives, including one's belief that social gatherings are more fun when cigarettes and alcohol are available for use, are the best predictors of alcohol misuse regardless of gender differences (Bradizza, Reifman, & Barnes, 1999). In addition to peer effect, parental influence remains important as a contribute to adolescent substance use. Previous research results suggest that parents' (approving or disapproving) attitudes towards smoking or drinking, rather than their actual behaviors, are related to their children's substance use (Gerrard, Gibbons, Zhao, Russell, & Reis-Bergan, 1999; Pederson, Koval, McGrady, & Tyas, 1998; Piko, 2001a).

As a consequence of these social influences, experimentation with smoking and drinking increases dramatically during adolescence (Gilvarry, 2000; Poikolainen, 2002). In addition, the co-occurrence of smoking and drinking in adolescence is very common, due to the similarities in the background variables, among others, social influences (Johnson, Boles, Vaughan, & Kleber, 2000). Social influences from peers may act as a positive reinforcement to smoking and drinking (Read, Wood, Kahler, Maddock, & Palfai, 2003). This is particularly true for adolescents with poor social competence (Griffin, Epstein, Botvin, & Spoth, 2001). For these adolescents, substance use with peers may act as a form of the adaptation processes during adolescence (Ungar, 2000). On the other hand, good social competence may act as a developmental asset against substance use (Whitlock & Hamilton, 2003).

What is the rationale for considering the role of social influences and social competence in adolescent substance use? These effects are closely connected with the restructuring social network systems at a time when adolescents begin to move away from parents and develop peer-oriented connections (Cotterell, 1996; Piko, 2000). Adolescence thus is a period of transition characterized by a series of developmental challenges such as growing independence from the family or fulfilling new social roles with peers. An increasing need for autonomy is a special characteristic of adolescence and, not surprisingly, adolescents tend to use fewer support-seeking ways of coping with their problems (Arnett, 1998).

This increased need for autonomy is especially true for adolescent males (Piko, 1998, 2001b). For example, more adolescent females report seeking help from parents, friends and professionals than males (Schonert-Reichl & Muller, 1996). Previous studies draw our attention to gender differences not only in the frequencies of substance use but also in the role of social influences in determining adolescents' substance use (Hops, Davis, & Lewin, 1999). These gender differences in social influences may be due to differences in social skills and support-seeking behaviors. For example, while females tend to be more socially oriented and engaged in more social support, males often benefit more from social support as a way of coping (Piko, 2001b).

These findings may lead us to consider social competence as a social influence of adolescent substance use. Not only do social support and network systems undergo dramatic changes in adolescence but the adolescents must explore new roles and develop new social skills (Cotterell, 1996). As described above, peer influences are not necessarily negative but instead are an important source of adolescent identity formation. The negative effect of peer pressure in terms of substance use may be mediated by individual differences in social competence and mastery. Communal mastery may be viewed as a form of social competence.

As Hobfoll and his coworkers argue, communal mastery is defined as the belief that one is capable of successful goal attainment by virtue of being closely interconnected with others (Hobfoll, Schröder,

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