



# Self-determination, perceived approval, and drinking: Differences between Asian Americans and Whites<sup>☆</sup>

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## HIGHLIGHTS

- ▶ Motivation, norms, and drinking among Asian Americans and Whites were evaluated.
- ▶ Asian Americans were significantly higher in controlled orientation but drank less.
- ▶ Asian Americans also viewed close others as being less approving of drinking.
- ▶ Controlled orientation and drinking were mediated by peer norms for Whites only.
- ▶ Results aid in understanding cultural differences in drinking for these two groups.

## ARTICLE INFO

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## ABSTRACT

The present research assessed racial differences in the associations among controlled orientation, injunctive norms, and increased drinking by White and Asian American college students. Previous research has noted racial differences in drinking, but reasons have not been considered in the context of individual differences in self-determination or responses to social influences. The authors evaluated perceived parental and peer injunctive norms as mediators of the relationship between controlled orientation and number of drinks consumed per week. The association between controlled orientation and drinking was further expected to be moderated by race. This study consisted of 534 White and 198 Asian American participants who had at least one heavy drinking episode in the month prior to assessment. Participants completed self-report measures assessing self-determination, perceived parental/peer injunctive norms, and drinking. Results indicated that peer injunctive norms served as a mediator between controlled orientation and greater number of drinks consumed per week for Whites only. Although Asian Americans were significantly higher in controlled orientation than Whites, they drank less and perceived their peers to be less approving of drinking. In contrast, Whites who were high in controlled orientation viewed their friends as being significantly more approving of alcohol and consumed significantly more drinks per week. Results provide unique considerations for understanding cultural differences in drinking among White and Asian American young adults.

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## 1. Introduction

Previous research has indicated that young adults who are lower in self-determination tend to drink more. One aspect of self-determination, namely, controlled orientation, has been specifically associated with heavier drinking. This is presumably because controlled orientation reflects the tendency to base behaviors on the perceived expectations and approval of others. Therefore, among college students, we would expect that the association between controlled

orientation and drinking would be mediated by perceived expectations of others (e.g., injunctive norms for friends and parents). However, there may be important cultural differences with respect to self-determination and its connection to perceived expectations of others in the context of drinking. The present research focuses on differences between Asian Americans and Whites in the associations among self-determination, perceived approval of important others, and drinking. For the purpose of this paper, we use the term “race” to correspond with race/ethnicity. In addition, we classify students who self-identify as Asian/Pacific Islander as being “Asian American” and “Whites” as those who self-identify as White/Caucasian.

### 1.1. Self-determination

In their seminal work on Self-Determination Theory, Deci and Ryan (1985a) identified different Causality Orientations or personality

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characteristics that distinguish individuals who are more intrinsically or extrinsically motivated and described how these orientations relate to behavioral outcomes. Autonomous individuals are more likely to perform particular tasks based on intrinsic interests in the task or because the task is consistent with well-integrated values. Being more autonomously oriented has been associated with positive outcomes such as maintaining healthy behaviors following a long-term weight loss program (Williams, Grow, Freedman, Ryan, & Deci, 1996); lowering of glycosylated hemoglobin (an indicator of lower glucose levels) following a diabetes intervention (Williams, Freedman, & Deci, 1998); and constructive changes in lifestyle following chest pain (Williams, Gagné, Mushlin, & Deci, 2005).

In contrast, individuals with a more controlled orientation are more likely to be extrinsically motivated, that is, driven by possible external rewards or punishments they feel they will receive. Hence, they seek out external cues to guide them in their behavioral decision-making. According to Ryan and Deci (2000), a crucial incentive for controlled individuals to perform actions that are not integrally interesting to them is to model or implement behaviors in order to engender acceptance or approval from significant others. Since gaining external approval can be difficult to maintain but easy to lose, controlled individuals exert an exorbitant amount of effort in regulating their behaviors; but ironically, feel less in control of their overall fate, because their decisions have been heavily influenced by external factors. Thus, controlled orientation has been linked to such negative consequences as higher levels of stress (Deci & Ryan, 1985a); increased aggression (Deci & Ryan, 1985b); and committing acts of violence against an intimate partner (Hove, Parkhill, Neighbors, McConchie, & Foss, 2010).

### 1.2. Cultural differences in self-determination

Cross-cultural differences in self-determination may exist. Some researchers have argued that autonomy may be purely a Western construct and that the notion of autonomy runs counter to Eastern/Asian cultures' emphasis on conformity to group values and/or authority figures as a means to maintaining harmony (i.e., Cross & Gore, 2003; Markus & Kitayama, 2003). For example, Iyengar and Lepper (1999) found that Asian American children persevered longer on an anagram when their mothers chose the task for them than when they made the choice. On the other hand, European American children persisted in trying to solve the anagram when they selected the task rather than when it was decided for them. Likewise, Miller (1997) argued that conceding to cultural expectations might fulfill more relatedness concerns; therefore, contributing to greater personal satisfaction than pursuing an autonomous orientation.

In contrast, some evidence suggests that there are cultural differences in self-determination that are associated with well-being, even after accounting for distinctions between individualism and independence (e.g., Chirkov, Ryan, Kim, & Kaplan, 2003; La Guardia, Ryan, Couchman, & Deci, 2000; Ryan & Solky, 1996). In the present study, our goal was to empirically evaluate cultural differences in controlled orientation. We expected that controlled orientation would be higher in Asian cultures than White cultures.

Previous authors have noted that Asians have been socialized to become attuned to and conform to the expectations of others in order to maintain the societal hierarchical order and group cohesion (i.e., Markus & Kitayama, 1991). In addition, researchers have discovered that greater utilization of self-presentation strategies in order to self-enhance may be an outward indicator of a controlled orientation (Lewis & Neighbors, 2005). One uniquely salient dimension of impression management found in Asian cultures is the need to save face. "Saving face" is defined as a strong external drive to reinstate and maintain a positive public self-image following an embarrassing situation rather than attempting tasks in order to fulfill intrinsic needs (Modigliani, 1968, 1971). For instance, Heine, Kitayama, and Lehman (2001) found that Japanese participants were motivated

more by failure feedback than success feedback, while success feedback motivated Canadians more than failure feedback. Moreover, a tendency to base behaviors on external contingencies, particularly those associated with others' approval or disapproval, as assessed by controlled orientation may be more evident among Asians.

### 1.3. Self-determination and drinking

Previous research has shown controlled orientation to be associated with higher rates of drinking and self-handicapping (Higgins & Harris, 1988; Knee & Zuckerman, 1998). Research has also shown that controlled orientation moderates the association between peer pressure and alcohol use, such that men who are higher in controlled orientation appear to be more susceptible to peer influences on drinking (Knee & Neighbors, 2002). Additionally, controlled orientation has been linked to alcohol-related problems and increased alcohol consumption among those higher in social acceptance-based contingent self-esteem (Neighbors, Larimer, Geisner, & Knee, 2004). In sum, previous research suggests that controlled orientation is associated with heavier drinking to the extent that individuals perceive others as approving of drinking.

### 1.4. Social norms

Extensive research has demonstrated that perceived social norms are among the strongest predictors of drinking among young adults (e.g., Borsari & Carey, 2003). Social norms have placed emphasis on perceptions of others' behaviors (i.e., descriptive norms) and perceptions of others' approval (i.e., injunctive norms; Cialdini, Kallgren, & Reno, 1991). The present research focuses exclusively on injunctive norms operationalized as perceptions of peers' approval of drinking and parents' approval of drinking, both of which have shown to be significant predictors of drinking among college students (Abar & Turrisi, 2008; Keefe, 1994; Neighbors, Lee, Lewis, Fossos, & Larimer, 2007; Turrisi & Ray, 2010).

In recent years, research has been dedicated to understanding how norms relate to college student drinking behaviors (Baer, 2002; Berkowitz & Perkins, 1986; Borsari & Carey, 2001, 2003; Dejong & Linkenbach, 1999). In general, studies have shown that the majority of college students tend to *overestimate* the approval of drinking among their peers (e.g., Prentice & Miller, 1993). Potential explanations for this phenomenon include false consensus and pluralistic ignorance (Marks, Graham, & Hansen, 1992; Prentice, 2008). Hence, students believe that their friends hold positive perceptions towards drinking and consume alcohol just as much, if not more, than they do (i.e., Mullen & Hu, 1988). As a result, they fail to question or recognize their own problematic heavy drinking habits.

### 1.5. Asian American versus White drinking

Recent research has increasingly begun to examine racial differences in drinking. Specifically, a number of articles have begun to look more closely at drinking behaviors among Asian Americans in comparison to Whites (Han & Short, 2009; LaBrie, Lac, Kenney, & Mirza, 2010; Oei & Jardim, 2007). The Asian American population is one of the fastest-growing populations in the United States, increasing by over 43% between 2000 and 2010 (U.S. Census Bureau, 2010). Research has consistently shown that Asian Americans drink less than Whites, but drinking is still a significant problem in this group (i.e., Han & Short, 2009; Iwamoto, Corbin, & Fromme, 2010; O'Hare, 1995). Furthermore, recent studies have determined that alcohol abuse has risen approximately 6% among Asian American men and over 3% in Asian American women from 1992 to 2002 (Grant et al., 2004).

Multiple factors may account for drinking differences between Asian Americans and Whites. Genetic factors have been most commonly evaluated in explaining lower drinking rates among Asian

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