



Self-concept disturbances: Cognitive vulnerability for early drinking and early drunkenness in adolescents at high risk for alcohol problems [☆]

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ABSTRACT

We tested the hypotheses that adolescents with few positive and many negative self-schemas would drink and get drunk earlier than adolescents with many positive and few negative self-schemas. Adolescents ($N=264$) from an ongoing prospective family study of alcoholism [Zucker, R. A., Fitzgerald, H., Refior, S., Puttler, L., Pallas, D., & Ellis, D. (2000). The clinical and social ecology of childhood for children of alcoholics: Description of a study and implications for a differentiated social policy. In H. Fitzgerald, B. Lester, & B. Zuckerman (Eds.), *Children of addiction: Research, health, and policy issues* (pp. 109–141). New York, NY: Routledge Falmer] were assessed at ages 12 to 14 and again at ages 15 to 17. When considering the combined effects of the number of positive and negative self-schemas, antisociality, and parental alcoholism on drinking outcomes, the number of negative self-schemas directly predicted early drinking onset, whereas the number of positive self-schemas moderated the effects of antisociality on early drunkenness. Moreover, although self-concept properties at baseline did not differentiate level of alcohol involvement at follow-up in mid-adolescence, they did distinguish earlier from later age of onset among those who initiated, with effects tending to be somewhat stronger for boys than girls. Self-schemas appear to be an additional risk factor in the pathway to problem alcohol involvement in adolescence, above and beyond the contributions of such known risk factors as antisocial behavior and parental alcoholism.

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1. Background

Alcohol use and misuse among adolescents is a significant public health problem. Alcohol—the drug of choice among youth—is a leading contributor to injury-related deaths in persons under 21 (Institute of Medicine, 2004). Youth who drink before 15 years of age also have a four-times higher risk of developing alcohol dependence later in life than those who onset to drinking at or after age 15 (Grant & Dawson, 1997). Furthermore, there are some suggestions from recent work that alcohol use may cause long-term structural and functional changes in the developing brains of adolescents (Brown & Tapert, 2004; Monti et al., 2005). Beyond the risks for adolescents, there are also widespread collateral effects on families and communities. These startling statistics suggest an urgent need to identify modifiable risk factors for early alcohol use so that effective interventions can be developed to prevent early alcohol use and misuse.

Two key risk factors for early maladaptive alcohol use—antisociality and family history of alcoholism—are not easily modifiable, and as such, it is important to identify factors that moderate the effects of these risk factors that may be more

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amenable to change. Data from our previous research with young adults suggests that a self-concept comprised of *few positive and many negative domains of self-definition* may moderate the effects of antisociality and familial alcoholism. We found that such a self-concept configuration distinguished young adults with antisocial alcohol dependence from social drinking controls and those in recovery and predicted high levels of alcohol use (Corte & Stein, 2007). Because these young adults already had alcohol dependence, it is not clear whether having few positive and many negative self-schemas in fact moderated the effects of high antisociality and familial alcohol problems, thus contributing to early maladaptive alcohol use, and ultimately, the development of alcohol dependence. That is, the cross-sectional finding may have been correlational rather than causative.

The present study fills this gap. We seek to determine whether a self-concept comprised of few positive and many negative domains of self-definition independently predicts or moderates the effects of antisociality and parental alcoholism on early drinking onset and early drunkenness in adolescents across time. Data come from the adolescent participants in the Michigan Longitudinal Study, an ongoing prospective family study of alcoholism and other drug use disorders (Zucker et al., 2000). Specifically, using a cognitive model to conceptualize the self-concept (Markus & Wurf, 1987), we tested whether the number of positive and negative domains of self-definition (called self-schemas) in early adolescence independently predicted or moderated the effects of antisociality and parental alcoholism on four drinking outcomes three years later: (onset of drinking by age 15–17 [yes/no], age of onset [if yes], drunk by age 15–17 [yes/no], and age of first drunk episode [if yes]). In addition, we also compared the predictive ability of positive and negative self-schemas to global self-esteem. To our knowledge, this is the first cognitively based prospective investigation of the role of self-concept in alcohol use and misuse in adolescence.

1.1. Self-concept in adolescence

Self-concept formation is the major developmental task of adolescence (Erikson, 1968). The consequences of failing to establish a clearly defined set of identities may lead adolescents to engage in maladaptive behavior as a way to define themselves, i.e., to determine 'who one is.' Being uncertain about 'who one is' has been found to be associated with other maladaptive behaviors in adolescents, such as smoking (Denscombe, 2001). While other researchers have suggested that self-concept disturbances may be an important vulnerability for alcohol use in adolescents (DuBois & Silverthorn, 2004; Swaim & Wayman, 2004; Wills, Walker, Mendoza, & AINETTE, 2006), they have not focused on the underlying structure of the self-concept. This may be important given previous work that showed specific disturbances in the underlying structural properties of the self-concept in young adults with alcohol dependence (Corte & Stein, 2007).

1.2. Cognitive model of self-concept

According to the cognitive model, the self-concept is comprised of a diverse collection of elaborated cognitive structures about the self that are referred to as self-schemas, and other less fully developed conceptions of the self (Sedikides & Skowronski, 1997). Self-schemas are formed through social experience in a variety of domains including those involving physical attributes, social roles, values, attitudes, interests, and activities (Markus & Wurf, 1987). Neuroimaging studies have shown that self-schemas are neural pathways that are stored in long-term memory and reflect domains of expertise and personal relevance (Lieberman, Jarcho, & Satpute, 2004; Macrae, Moran, Heatherton, Banfield, & Kelley, 2004).

Self-schemas play an important role in behavior, but positive and negative self-schemas have different emotional and behavioral consequences. Positive self-schemas *motivate* behavior in the domain (Cross & Markus, 1994; Kendzierski, 1990). For example, Froming, Nasby, and McManus (1998) found that children with a prosocial self-schema donated more tokens to classmates compared to their counterparts who did not have a prosocial self-schema. In contrast, negative self-schemas *inhibit* behavior in the domain (Cyranowski & Andersen, 1998; Wurf, 1988). For example, Andersen and Cyranowski (1994) found that women with a negative sexual self-schema had fewer romantic partners and were generally more avoidant about sex than women with a positive sexual self-schema or women with no sexual self-schema. Negative self-schemas may in turn motivate maladaptive behavior in an effort to escape discomfort stemming from the negativity (Baumeister, 1990). From this perspective, positive self-schemas may be viewed as cognitive resources and negative self-schemas may be viewed as cognitive liabilities.

From the perspective of the cognitive model, adolescents with *few positive and many negative self-schemas* would have insufficient internal motivation and behavioral strategies necessary to facilitate adaptive goal-directed behavior. In addition, the lack of a clear and stable sense of self and a sense of uncertainty about 'who one is' that stems from such a self-concept configuration (Campbell, 1990) may motivate maladaptive behavior as a means of establishing an identity and escaping the discomfort associated with the negativity. In contrast, adolescents with *many positive and few negative self-schemas* would have a clear and stable sense of self, a sense of certainty about 'who they are,' and adequate internal motivation and the behavioral strategies necessary to facilitate adaptive goal-directed behavior.

Self-esteem is an overall evaluation of the self (Swann, Chang-Schneider, & McLarty, 2007) that stems from the underlying structural properties of the self, i.e., self-schemas. As such, self-schemas should be associated with self-esteem, but not proxies for self-esteem. Swann and colleagues argue that because self-esteem represents a global attitude toward the self, it is a better predictor of global or bundled outcomes, e.g., adult adaptation, rather than specific outcomes, e.g. drinking behavior. Therefore, we predicted that self-esteem would not have the same degree of predictive ability as the number of positive and negative self-schemas.

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