

# Negative affect, risk perception, and adolescent risk behavior

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## Abstract

The prevalence, etiology, and consequences of adolescent risk behavior have stimulated much research. The current study examined relationships among anger and depressive symptomatology (DS), risk perception, self-restraint, and adolescent risk behavior. Telephone surveys were conducted with 290 14- to 20-year-olds (173 females;  $M = 15.98$  years). Anger and perceptions of risk directly predicted risk behavior. An indirect effect of depressive symptomatology on risk behavior through perceptions of risk was revealed. Anger predicted risk behavior, particularly for adolescents with low self-restraint. The association between risk perception and risk behavior was stronger for older than for younger adolescents. Findings offer insight into the affective influences of risk behavior and may be used to inform prevention and intervention programs aimed at adolescents.

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## 1. Introduction

A considerable amount of research has been conducted over the past several decades concerning the prevalence, etiology, and outcomes of adolescent risk behavior (e.g., Arnett, 1992; Byrnes, 2002; Jessor, 1998; Lerner & Simi, 2000). Within this body of literature, recent attention has focused on emotions and their associations with adolescent risk behavior (e.g., Cauffman & Steinberg, 2000; Colder & Chassin, 1993; Cooper, Wood, Orcutt, & Albino, 2003; Miller, Flory, Lynam, & Leukefield, 2003). Researchers have also begun to examine the ways in which emotion-regulation capacities moderate the relationship between emotion and risk behavior (Colder & Stice, 1998; Pardini, Lochman, & Wells, 2004; Sigfusdottir, Farkas, & Silver, 2004). Although this research has provided insight into links between affect (especially negative affect such as anger and depression) and risk behavior, the evidence has been at times conflicting and limited in terms of explicating the processes by which associations ensue.

In addition to affect-related correlates, research has also begun to address cognitive processes involved in risk behavior, particularly in terms of adolescents' perceptions of risk. Evidence has suggested significant associations between negative affect and risk perception (Johnson & Tversky, 1983; Lerner & Keltner, 2000; Pietromonaco & Rook, 1987; Yuen & Lee, 2003) and between risk perception and risk behavior (Goldberg, Halpern-Felsher, & Millstein, 2002; Johnson, McCaul, & Klein, 2002; Millstein & Halpern-Felsher, 2002). However, research on the influence of negative

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affect on risk perception has been carried out almost exclusively on adults. Little is known about the extent to which negative affect directly influences the risk perceptions of adolescents, or indirectly influences adolescent risk behavior via risk perception. Furthermore, there is limited information about the way in which emotion-regulation competencies such as self-restraint moderate these relationships.

Thus, the purpose of the current study was to examine the interrelationships among negative affect (specifically, anger and depressive symptomatology), affect regulation, risk perception, and risk behavior during adolescence. These relations are important for developing theory and research and also have applied implications for prevention programs that target emotions and emotion-regulation competence (e.g., Botvin, 2004).

Our study had three goals. First, we hypothesized and tested a series of direct and indirect associations among negative affect, risk perception, and risk behavior. Second, we evaluated the moderating effects of self-restraint on these associations. Lastly, we examined differences in these associations between younger and older adolescents.

It should be noted at the outset that numerous and varied behaviors are often referred to as risk behavior. These behaviors typically include illegal drug use, gambling, tobacco and alcohol use, delinquency, inappropriate aggressiveness and violence, school failure, and unsafe sexual activity. Different studies define risk behavior differently (e.g., Jessor, 1992; Lerner & Simi, 2000), and most studies focus on only one type of risk behavior. In fact, many adolescents participate in more than one type of risk behavior, and the combined effect of participation in multiple behaviors is of concern (e.g., Youngblade, Col, & Shenkman, 2002). Thus, for the current study we adopted a more inclusive definition of risk behavior as the participation and frequency of engagement in *any* of the following clusters of risk behaviors: tobacco, alcohol, and drug use; sexual activity; crime and violence; and school-related risk behavior (e.g., getting suspended from school). These clusters are representative of the key areas assessed in national and health-related surveys (e.g., Communities that Care Youth Survey® [Developmental Research and Programs, Inc., 1999]; Youth Risk Behavior Surveillance System [Grunbaum et al., 2002]; National Longitudinal Study on Adolescent Health [e.g., Resnick et al., 1997]).

### 1.1. Negative affect and adolescent risk behavior

A number of studies have examined the relations between negative affect and risk behavior. In these studies, *negative affect* often encompasses multiple emotions (e.g., anger, depression) that are not clearly operationalized. Owing to this definitional ambiguity, the findings have not been entirely consistent and suggest the importance of decomposing negative affect into its constituent components. Indeed, a closer examination of this research suggests a robust relationship between anger and risk behavior. Researchers have found, for example, that high levels of anger have been predictive of adolescent alcohol use initiation (Pardini et al., 2004), delinquent behavior (Sigfusdottir et al., 2004), and unsafe sexual behavior among HIV positive men (Marks, Bingman, & Duval, 1998). Moreover, although the relationship between anger and substance use (especially alcohol use) is often evinced, this association is far from simple. First, some have suggested that anger is a more useful predictor of heavy or problem alcohol use rather than alcohol use in general (Hussong & Chassin, 1994; Hussong, Hicks, Levy, & Curran, 2001). Second, there is evidence that this relationship is more robust for young adults and for males, and that it may be cyclical or reciprocal in nature (Hussong et al., 2001).

The evidence is less consistent with respect to internalizing and depressive symptomatology. Although some researchers have found that a relationship exists between depressive symptomatology and risk behavior (e.g., Colder & Chassin, 1993; Kaplow, Curran, Angold, & Costello, 2001; Kosunen, Kaltiala-Heino, Rimpela, & Laippala, 2003; Marks et al., 1998; Windle & Windle, 2001), others have not (Sigfusdottir et al., 2004). For instance, Colder and Chassin (1993) found that dispositional negative affect (a composite score of internalizing symptomatology of anxiety, depression, and social withdrawal) directly predicted alcohol use, and that dispositional negative affect also partially mediated the relationship between stress and alcohol use. Findings from a study by Pardini et al. (2004) showed that this relationship was significant, but only for boys with high self-restraint. Furthermore, they suggested that it was the association between depressive symptomatology and anger that often leads to an apparent significant main effect of the former on alcohol use. In fact, earlier studies (e.g., Colder & Chassin, 1993; Kaplow et al., 2001; Kosunen et al., 2003; Marks et al., 1998; Windle & Windle, 2001) did not simultaneously include anger and depressive symptomatology in models predicting risk behavior. Consistent with this suggestion, Sigfusdottir et al. (2004) found no relationship between depressed mood and delinquent behavior after controlling for anger.

Together, the extant research supports the proposition that both anger and depressive symptomatology are associated with risk behavior. However, evidence also suggests a somewhat stronger and more direct association for anger than for depressive symptomatology.

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