
The Influence of Cultural Identification, Religiosity, and Self-Esteem on Alcohol Use Among African American, Hispanic, and White Adolescents

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Abstract

This study examined the influence of cultural identification, religiosity, and self-esteem on alcohol use among a sample of African American, Hispanic, and White adolescents. Results indicated that cultural identification was negatively related to alcohol use among Whites, but not for African Americans or Hispanics. Religiosity was negatively related to alcohol use for Hispanics and Whites, but not African Americans. Self-esteem was not related to alcohol use for any of the groups. Finally, although cultural identification and religiosity did not consistently and directly impact alcohol use for all groups, results suggest that they did impact self-esteem.

Key words: Alcohol use, cultural identification, religiosity, self-esteem, minority adolescents

Alcohol use among adolescents has been a popular area of study since the middle of the 20th century. Much of this research has traditionally focused on adolescent alcohol consumption in terms of biological and genetic predisposition, socially learned behavior, its role as a means of escape and stress reduction, and links to peer relationships. A great deal of research continues to show annual increasing rates of alcohol consumption among adolescents under the minimum drinking age of 21. National survey results consistently indicate that more than a quarter of 12th grade students report binge drinking (consuming five or more drinks in a row) during the 2-week period preceding the survey (Johnston, O'Malley, & Bachman, 2003a; Johnston, O'Malley, Bachman, & Schulenberg, 2008). This is an

important topic because previous work has shown that earlier alcohol consumption among adolescents has been associated with increased risk for alcohol-related problems later in life (Windle, 2003).

Differences in rates of alcohol consumption among various racial/ethnic groups have been well documented. African American adolescents typically have the lowest prevalence of lifetime, annual, monthly, daily and heavy drinking, as well as the lowest frequency of being drunk. Conversely, Hispanic and White adolescents have significantly higher alcohol consumption rates (Johnston et al., 2008). These trends have also been noted by other national surveys. For past 30 day alcohol use among 12th graders, the 2005 Youth Risk Behavior Survey (Centers for Disease Control and Prevention,



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2006) found that 36.9% of African American adolescents reported use, compared to 55.0% and 54.4% for Hispanics and Whites, respectively. In order to further investigate potential underlying causes for these differences in alcohol consumption, our study sought to explore the effects of cultural identification, religiosity, and self-esteem on alcohol use among African American, Hispanic, and White adolescents.

Cultural Identification

Social identity theory posits that people use sense of belonging to a group to develop an individual sense of self (Tajfel & Turner, 1979). Part of this cognitive process involves the degree to which external and culturally-based messages about one's group are incorporated, whether consciously or unconsciously, into the individual notion of self. While racial group is just one of a multitude of social reference and identity groups, perhaps it is the most salient within the race-conscious American landscape. Cultural identification (at times referred to as ethnic or racial identity) describes the relationship that exists between an individual and a group with whom the individual believes he or she has common ancestry based on shared individual characteristics, shared sociocultural experiences, or both. Cultural identification can exist at the individual, family, or group level (Phinney, 1990). Matsumoto and Juang (2004) add that an important element of cultural identity also refers to the individual's psychological membership in a distinct culture.

Increased attention has been paid to racial and ethnic identity and their measurement in the recent extant literature (see Ponterotto & Mallinckrodt, 2007). Some have suggested that cultural identity is more salient for minority adolescents than for adolescents who are members of the racial majority, which may be a feature that reflects the power of race within the American cultural context (Martinez & Dukes, 1997; Phinney, 1992). For racial and ethnic minority groups, a critical part of this process is the communication of what it means to be a person of color in the United States, with its history (and current prospects) of race-based oppression. With the potential for exposure to negative cultural messages about minority groups, it follows that an important element of the racial socialization process for minority group members would involve the very deliberate communication of positive counter messages. These affirmative (and affirming) messages about racial group and identity serve as a source of cultural pride and enhance cultural identity and ultimately

self-esteem, whereby individuals may reject stereotypical and negative societal images of their membership group(s) in lieu of more positive notions (Constantine & Blackmon, 2002).

Cultural Identification & Alcohol Use

Social and cultural factors are thought to account for the many differences in alcohol consumption and related problems among racial groups. According to Galvan and Caetano (2003), alcohol use patterns can be influenced by racial and ethnic group norms and attitudes as well as the extent of their acculturation to the larger, mainstream U.S. society. A group's alcohol norms refer to "cultural rules" related to who is able to drink (e.g., males vs. females; which age groups), under what circumstances, in which manner (e.g., recreational vs. binge), and prescribed notions about how one should act while in the midst of use (e.g., quiet and reserved vs. boisterous and gregarious), to name a few.

African Americans

Early research on Black identity and group membership suggested that the two were associated with a host of negative outcomes, from lower self esteem to poor self-concept and self-hate (Clark & Clark, 1947). However, the 1960's and Civil Rights and Black Power movements and their political, psychological, and physical (e.g., "Black is beautiful") empowerment themes brought about a re-examination of Black racial identity. A shift occurred that viewed "blackness" less as a liability and more as a source of strength and potential protective factor. More recently, research has suggested that a stronger or more positive racial identity not only serves as a protective buffer to the negative psychological outcomes associated with racism and discrimination (Jones, Cross, Jr., & DeFour, 2007; Sellers & Shelton, 2003), but also has a buffering effect on substance use (Wills et al., 2007). Caldwell, Sellers, Bernat, and Zimmerman (2004) used the concept of "racial identity" and found that a strong sense of culture identity among a sample of African American students was related to lower alcohol consumption. Others have also noted this relationship both directly (Burlew et al., 2000; Resnicow, Soler, Braithwaite, Ben Selassie, & Smith, 1999) and indirectly, whereby increased racial identification was associated with more negative attitudes about substance use (Belgrave et al., 1994).

Hispanics/Latinos

Similar to their African American counterparts, Hispanic/Latino youth who highly value their ethnic minority cultural identity have lower rates of alcohol use (Umaña-Taylor, Diversi, & Fine, 2002). However, when the concept of cultural identity is discussed within the Hispanic/Latino population, the cultural adaptation process of acculturation must be considered as an important moderator. Acculturation is the process through which an individual's attitudes, values, and behaviors may be modified through exposure to a dominant culture. There are actually four strategies or outcomes to this process that represent the degree to which an individual maintains or sheds their culture of origin while adopting elements of the new one (integration, assimilation, separation, and marginalization) (Berry, 1974). For our purposes in this study, *assimilation* is the most relevant; that is the process whereby an individual sheds their culture of origin and adopts the cultural repertoire of the dominant or mainstream culture. Studies of generational differences in ethnic identity have consistently shown more assimilation, marked by a decline in ethnic group identification, in subsequent generations following immigration. Additional factors contributing to weaker ethnic identity among immigrant populations include exposure to the new culture at a younger age and for a longer period of time (Phinney, 1990). Moreover, it is typically the youth who tend to be more bicultural than their adult counterparts and may more easily and readily adopt the norms of the culture of settlement (Sam & Berry, 1995). Lower ethnic identity, that is, a higher degree of assimilation, has been linked to higher alcohol consumption rates among Hispanics (Randolph, Stroup-Benham, Black, & Markides, 1998).

Whites

There has been little research on White racial identity and its role upon individual psychological processes (Knowles & Peng, 2005; Mercer & Cunningham, 2003). The extant research on racial identity among Whites has focused almost exclusively on its influence on White *attitudes* towards non-Whites and implications for multicultural competencies and outcomes within counseling relationships (Constantine, Warren, & Miville, 2005; Helms, 1984, 1995; Helms & Carter, 1990; Rowe, Bennett, & Atkinson, 1994). A possible reason for this may be found in general notions about the salience of race, which is determined by experiences associated with one's group status. The philosophical, ideologi-

cal, and physical construction of American society is such that Whites are typically rooted in a context or occupy societal positions in which they represent the cultural majority, and, as such, race and ethnic status may be perceived as less salient on a day-to-day basis; especially when compared to individuals of racial and ethnic minority groups (Umaña-Taylor & Shin, 2007). According to Helms (1984, 1995), Whites are generally unaware of the social and psychological implications of being White, which may result in the assumption that race/ethnic identity solely pertains to identifiable racial and ethnic minority populations. This decrease in awareness (e.g., salience) may represent the historical shift from the early immigration patterns of White Europeans to the United States which resulted in the development of cities with clearly delineated White ethnic enclaves. Over time these distinct ethnic-cultural differences have become less prominent on the national level as the process of assimilation and the resultant construct of an "American identity" has resulted in the integration of these diverse groups into the present day all-inclusive, monocultural White assemblage. A similar process of inclusion within the American identity has not been as clearly evident among visible racial and ethnic minority groups as many are (still) implicitly viewed as outsiders and not representative of the "American" schema (Devos & Ma, 2008). As such, the salience of racial identity is impacted. Branch, Tayal, and Triplett (2000), in a study that compared the ethnic identity of European American, African American, Asian American, and Hispanic adolescents, found that European American adolescents scored significantly lower on measures of ethnic identity than their minority counterparts. How this finding potentially relates to psychological processes for this population, and more specifically, alcohol use, is relatively unknown. As previously noted, stronger cultural identity has been linked to decrease alcohol use for racial minority groups, however since ethnic identity may not be as salient for many Whites, its role in use is less certain.

Gender Links with Alcohol Use and Cultural Identification

The bulk of previous research indicates that male adolescents generally have higher rates of alcohol consumption than females (Centers for Disease Control and Prevention, 2006; Johnston et al., 2003a; Johnston, O'Malley, & Bachman, 2003b). These differences in alcohol use have been consistently found among all racial and ethnic groups. African American, White, and

Hispanic males have alcohol use rates approximately two, three, and four times that of their female counterparts, respectively (SAMHSA, 2007). Cultural variables (e.g., culture-specific gender roles and expectations, degree of assimilation, etc.) may moderate these differences (Delva et al., 2005; Epstein, Botvin, Baker, & Diaz, 1998; Huselid & Cooper, 1992). For example, among Hispanics, where the use differences are largest, females generally consume less alcohol than their male counterparts or tend to abstain from use completely. This may be largely due to traditional Hispanic values that do not sanction drinking by females, particularly drinking large quantities to intoxication (Randolph et al., 1998).

A number of studies have suggested a relationship between gender, assimilation, and alcohol use. Among a sample of African Americans and Haitians, Strunin and Demissie (2001) found that differential use patterns for male and female adolescents were related to level of assimilation to mainstream American culture. Additional research shows how level of assimilation may moderate this relationship, such that higher levels of assimilation, or greater adherence to the dominant (European American/White) culture, is linked to higher rates of alcohol use among young Hispanic females (Black & Markides, 1993; Caetano, 1987; Gilbert & Cervantes, 1986). For these females, higher assimilation (to dominant culture) presumably means less adherence to traditional (Hispanic) cultural norms regarding alcohol use, resulting in use patterns more similar to those of dominant culture females (Randolph et al., 1998).

Assimilation seems to have a different effect on alcohol use among Hispanic males. Acculturation stress refers to the psychological, somatic, and social difficulties that may accompany the acculturation process (Berry & Kim, 1988). Randolph et al. (1998) found that Hispanic males who had difficulties in acculturation displayed various psychological and behavioral [coping] responses, one of which was increased alcohol use. More recent work has also noted the use of alcohol as a tool of stress reduction to the acculturation process (Guilamo-Ramos, Jaccard, Johansson, & Turrisi, 2004). Throughout the acculturation process, individuals may find themselves in cultural limbo. On the one hand, they may experience a transition away from familiar and supportive elements rooted in culture of origin while at the same time, they may be unable to fully utilize the assets of the new culture, perhaps due to racism or limited social acceptance by the dominant culture (Oetting and Beauvais, 1991). These themes of acculturation stress appear to be more salient for Hispanic males

due to the fact that movement towards mainstream American culture may be experienced as a reduction of male privilege, as there is less emphasis on patriarchal themes (i.e., machismo), coupled with the aforementioned limited or uneasy acceptance (Randolph et al., 1998). Conversely, for females, acculturation resulting in assimilation brings exposure to a more egalitarian ethos, with fewer overt gender-based restrictions than traditional Hispanic culture, thus opening the door for a shift in patterns of alcohol use.

Religiosity

Religiosity generally refers to an individual's interest in religion and how much they are devoted to the worship of a God, gods, or other entities. In a more narrow sense, religiosity involves the practice of rituals, communication of myths, reverence for symbols, the acceptance of specific doctrines about deities and the afterlife, and religious service attendance, to name a few (Taylor, Mattis, & Chatters, 1999). Religion represents the creation of an enduring set of beliefs and values that serve to assuage the existential anxiety related to the human condition. Religious traditions assure humans that there are powerful, non-corporeal forces (e.g., God, gods, spirits, etc.) that can and will provide guidance and meaning to life, as well as the protection needed to ensure that adversity and evil are kept at bay (Mattis, Dwight, Carrie, Nyasha, & Ruby, 2004). A variety of work has shown the link between religion and positive (mental) health outcomes (Levin, 1994; see Pargament, 1997).

African Americans

African American religious practices, beliefs, and theologies have been largely cultivated and influenced by the group's history of racial subjugation and exclusion from European American mainline Christian churches (Mattis et al., 2004). What developed was a diverse collection of doctrines that not only offered solace in the face of oppression, but also promoted a more positive view of group and self (Cone, 1984; Gardell, 1996; X, 1965). This being said, religiosity among African Americans has been a critical component in their psychological and physical well-being. Related to alcohol use, a number of studies have shown that frequent church attendance has resulted in lower use rates, particularly among females (Brown, Parks, Zimmerman & Phillips, 2001; Wallace, Brown, Bachman, & LaVeist, 2003).

Hispanics/Latinos and Whites

Although Hispanics represent a very diverse population with regard to religion and spirituality, these are powerful concepts and entities within the culture, and can be represented along the spectrum of Christian and indigenous belief systems and practices. A number of scholars have described the relationship between these and successful coping strategies and positive mental health outcomes (Falicov, 1999; Zea, Mason, & Murguía, 2000). Less focused on Hispanic culture and more generally speaking, one proposed mechanism of religion-based influence relates to the creation of supportive social networks and systems of care through participation in religious activities. Adolescents identifying religion as important and meaningful are less likely to use alcohol, citing: the influence of religious involvement and the associated social supports as a coping mechanism to stress; associations with pro-social activities and peers; and the receipt of messages promoting abstinence from alcohol and-or condoning use (Ellison & Levin, 1998; Wills, Yaeger, & Sandy, 2003). Interestingly, Wallace et al. (2003) found that while religious involvement was highly predictive of non-use for African American adolescents, the relationship, while still in existence, was significantly weaker for White youth.

Self-Esteem

This construct refers to a person's appraisal of their own worth and their evaluation of self-concept. Consistent with social identity theory (Tajfel, 1981), which posits that an individual's self-concept is informed largely by their group membership, it is credible to conclude that there is a relationship between racial/ethnic identity and self-esteem. This relationship and resultant self-esteem not only involves perceiving one's ethnic group in positive terms, but also perceiving that group membership (and its subsequent social support) as a central part of one's self-image construction (Smith & Brookins, 1997; Williams, Spencer, & Jackson, 1999).

African Americans have historically reported higher levels of self-esteem than Whites (see Ziegler-Hill, 2007). This may be due in part to the protective power of within-group counter-messages to society's racism and discrimination, along with the sociocultural changes of the 1960's which spawned the Civil Rights and Black Power movements, both of which incorporated positive and empowerment-based themes associated with Black racial identity (Umaña-Taylor & Shin, 2007; Jones et

al, 2007). Similar conclusions have been noted with Hispanics, suggesting a positive relationship between higher ethnic identity and enhanced self-esteem (Umaña-Taylor et al., 2002; Umaña-Taylor & Shin, 2007). However, given that Hispanics represent an extremely diverse group in terms of demographic variables such as class and level of traditionality, to name a few, caution must be used when drawing broad conclusions using an "all inclusive" Hispanic grouping. Cislo (2008) found differential relationships between ethnic identity and self-esteem when comparing within group among specific sub-categories of Hispanics (e.g., Cubans vs. Nicaraguans). With regard to the relationship between White cultural identity and self-esteem, little research has been done; much of the extant research has focused on racial and ethnic minority groups. Negy, Shreve, Jensen, and Uddin (2003) found that for White subjects, ethnic identity was a correlate of self-esteem. In sum, while much of the literature suggests a connection between ethnic identity and self-esteem, and the direction of this relationship, the specific guiding mechanism of this relationship remains elusive and there is clearly additional work to be done (Phinney, 1991).

The research into the relationship between self-esteem and substance (e.g., alcohol and other drugs) use has concluded a myriad of contradictory findings in all relational and causal directions. Most anecdotal notions that low levels of self-esteem are related to alcohol use have indeed been supported by a segment of the research (Pullen, 1994; Scheier, Botvin, Griffin, & Diaz, 2000; Taylor, Lloyd, & Warheit, 2005). However, there have been a variety of studies that produced findings that suggest a potentially different association between self-esteem and substance use. In their seminal work, Shedler and Block (1990) found that drug experimenters, not drug abstainers, had the healthiest psychological outcomes in their sample. While certainly not condoning adolescent drug experimentation, this work suggests that the presumption of negative psychological outcomes from drug use may not always hold true. Other work that has specifically focused specifically on self-esteem have revealed similar conclusions; that those who used (alcohol) reported higher levels of self esteem (DeSimone & Murray, 1994; Valliant & Scanlan, 1996) and higher self-esteem resulted in more use (Scheier et al., 2000).

There have been some interesting gender-based differences noted in the relationship between self-esteem and alcohol use. Although the majority of these studies have focused primarily on young adults and not adolescents, these conclusions have implica-

tions that guide research questions. Walitzer and Sher (1996) found evidence to suggest that low self-esteem was a significant predictor of an alcohol use disorder for female participants in their study, but less so for males. With more focused on general alcohol use itself, and not a diagnosis, Corbin, McNair, and Carter (1996) established a similar conclusion. In their study, alcohol use and self-esteem were concomitantly related for males, such that as use increased, so too did self-esteem. A similar parallel relationship was not found for females, rather the opposite; as alcohol use increased, self-esteem declined.

Current Study

The aim of the current study is to examine the effects of cultural identification, religiosity, and self-esteem on alcohol use among a sample of African American, Hispanic, and White adolescents. The major antecedent variables of interest in this study (e.g., cultural identification, religiosity, and self-esteem) are interrelated. As little has been done using a multiracial adolescent sample to examine the relationship of these variables to each other and in relation to alcohol use, this project seeks to help fill that gap.

Hypotheses

1a: There will be a negative relationship between alcohol use rates and cultural identification. The association between these two variables will be most prominent for African American adolescents.

1b: There will be a differential effect of cultural identification on alcohol use among Hispanic males and females. More specifically, alcohol use will be positively associated with cultural identity for males, and negatively for females. There are no specific hypotheses for the gender-cultural identification relationship for African Americans and Whites.

2: Religiosity will be negatively related to alcohol use. The association between these two variables will be most prominent for African American adolescents, less so for Hispanics/Latinos and Whites.

3: Self-esteem will be negatively related to alcohol use. The association between these two variables will be strongest for African American adolescents, less so for Hispanics/Latinos and Whites.

Participants

Data for this project were a randomly selected subsample of a previously collected dataset [National Institute on Drug Abuse (NIDA) grant RO1 DA09349, *Adolescent Drug Use in Rural America*; Principal investigator, Ruth W. Edwards, Ph.D.]. Public school districts from 48 rural and urban communities across the country were originally recruited by the parent project based upon their demographic characteristics (i.e., rurality, geographic location) and willingness to participate. Predominately minority districts, defined as those having 60% or more minority students, were oversampled during the initial recruitment phase of the parent project. A regional breakdown of community locations is as follows: South = 45.6%, West = 28.7%, Midwest = 13.3%, East = 12.4%.

The current sample was comprised of 2,616 high school students with equal numbers ($n = 872$) of African American, Hispanic, and White adolescents. The mean age of participants was 15.95 years ($SD = 1.21$; range = 14-18 years old). Approximately 55% ($n = 1449$) of the sample was female. There were 750 freshmen (28.7%), 701 sophomores (26.8%), 638 juniors (24.4%), and 527 seniors (20.1%). Thirty-eight percent ($n = 996$) of the sample resided in what could be classified as an urban location, defined as a metropolitan area and associated core county, which contains more than 500,000 people (Metropolitan Proximity Index; Labao, 1990). On average, 54.5 students from each school were selected and make up the current sample.

Procedures & Measures

The current study used the Community Drug and Alcohol Survey (CDAS) to measure alcohol use, cultural identification, religiosity, and self-esteem. The CDAS instrument is an anonymous, self-report, paper-and-pencil survey of alcohol and drug use. The CDAS was developed specifically for the original research project from which the data came and is based on adaptations of the American Drug and Alcohol Survey (ADAS) and the companion Prevention Planning Survey, (PPS; Oetting & Beauvais, 1990; Oetting, Beauvais, Edwards, & Waters, 1984). It contains items that focus on personal, peer, school, religion, and family variables in relation to youth drug and alcohol use that are summed to create the constructs. The CDAS also contains data checks based on standardized algorithms

which identify inconsistent or random responders, who were removed from the parent project dataset (Oetting & Beauvais, 1990; Oetting et al., 1984). Both active and passive consent procedures were utilized depending on individual school district policy. Participants completed surveys in classroom settings and during a one hour class period.

Alcohol use. A latent factor of alcohol use was measured by four indicator items which included: frequency of alcohol use and binge drinking in the last month and two items that related to type of drinking style. The frequency of use and binge drinking items were measured on a 5-point scale, which ranged from “none” to “20 or more times”. One drinking style item, “How do you like to drink”, was also measured along a 5-point scale and had a range of responses from “I don’t drink” to “Until I get really drunk”. The other drinking style item asked participants the type of alcohol user that they considered themselves to be and ranged on a 6-point scale from “non-user” to “very heavy user”. Given binge drinking is typically conceptualized in a manner different than general alcohol use and our desire to create a single alcohol use factor, especially in light of differential item response scales, a composite score for alcohol use was developed using a factor analytic weighting technique (Basilevsky, 1994). Individual items were factor analyzed and constrained to fit one factor. The resultant factor coefficient matrix revealed the influence of each of the individual items to the alcohol use factor. Each standardized individual item score was multiplied by its factor coefficient, and the resultant products were summed to create a single alcohol use score for each respondent. Raw alcohol use scores ranged from 0 to 17, with higher scores indicating more alcohol use. The alcohol use factor had a Cronbach alpha of .90.

Cultural identification. Cultural identification was comprised of 6 survey items related to an individual’s assessment of their knowledge of, participation in, and commitment to various cultural traditions. Sample items on the scale are: 1) Does your family have special activities or traditions, such as special meals, holiday events, and religious activities, based on the [African American] way of life?; 2) Do you live by the [...] way of life?; and 3) Does your family live by the [...] way of life? In response to these items, a four-point Likert scale ranged from 1 (a lot) to 4 (none). Individual cultural identification items were reverse coded, which resulted in an overall scale score that ranged from 1 to 24, with higher scores interpreted as higher levels of cultural identification. Cronbach alphas were .95, .97, and .94

for African American, Hispanic, and White cultural identification, respectively.

Religiosity. Religious identification was measured by 3 items ($\alpha = .88$) that asked about religiousness, participation in religious activities, and the perceived importance of religion. For example, the following statements are given, “Are you religious? Do you participate in your religion? How important is religion in your life?” Again, a four-point Likert scale was utilized, ranging from 1 to 4 (1= a lot, 4= not at all). Individual religiosity items were reverse coded, and the overall scale score ranged from 3 to 12, with higher scores signifying more religiosity.

Self-Esteem. This component is multidimensional and was measured via self-confidence (e.g., “I am proud of myself”), social competence (e.g., “I am able to do things well”), and social acceptance (“Other people my age ask me to do things with them”) (Swaim & Wayman, 2004). Eleven items ($\alpha = .86$) were assessed along a 4-point Likert scale ranging from 1 (a lot) to 4 (not at all). Individual items were recoded, where total scale scores ranged from 4 to 44, with higher scores meaning higher self-esteem.

An additional variable, socioeconomic status, while not of primary focus to this study, was measured for use as a control. It was comprised of three items ($\alpha = .68$) related to adolescent perception of family monetary resources (e.g., “My family has enough money to buy the things we need/want”; Likert scale response ranging from 1- ‘almost never’ to 4- ‘all the time’).

Results

Descriptive Statistics

Preliminary descriptive analyses were performed prior to investigation of the specific hypotheses. Table 1 presents descriptive information for the sample. Correlations between the primary variables of study are presented in Table 2. A 3 x 2 (race/ethnicity x gender) multiple analysis of covariance (MANCOVA), which controlled for age and socioeconomic status, was conducted to examine racial/ethnic and gender differences on cultural identification, religiosity, self-esteem, and alcohol use. The Wilks Lambda multivariate test of overall differences between groups was statistically significant for both race/ethnicity, $F(8, 2400) = 10.44$, $p < .001$ and gender, $F(4, 1200) = 8.51$, $p < .001$. The race/ethnicity x gender interaction was not significant, $F(8, 2400) = 1.02$, $p = ns$. There were significant main

Table 1

Demographic Information of Sample (n = 2,616)

	Frequency	Overall %
Race/Ethnicity		
African American	872	33.3
Hispanic	872	33.3
White	872	33.3
Gender		
Female	1449	55.4
Male	1167	44.6
Grade		
Freshman (9 th)	750	28.7
Sophomore (10 th)	701	26.8
Junior (11 th)	638	24.4
Senior (12 th)	527	20.1
$M_{\text{Age}} = 15.95 (SD = 1.21)$		
Location of Residence		
South		45.6
West		28.7
Midwest		13.3
East		12.4
Urban		38.1

Table 2

Correlation Matrix of Primary Variables of Study

	Cultural Identification	Religiosity	Self-Esteem
Religiosity	.151 *		
Self-Esteem	.112 *	.181 *	
Alcohol Use	-.026	-.226 *	-.008

* $p < .01$

Table 3.

Mean Differences and Standard Deviations for Cultural Identification, Religiosity, Self-Esteem, and Alcohol Use

	Cultural Identification		Religiosity		Self-Esteem		Alcohol Use	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Race/Ethnicity								
African American								
American	16.02 ^{a,b}	6.60	9.28 ^{c,d}	2.54	36.86	7.16	2.59 ^{f,g}	3.40
Hispanic	18.19 ^a	5.97	8.79 ^c	2.36	35.18	6.72	4.01 ^{e,f}	3.91
White	17.81 ^b	6.10	8.95 ^d	2.80	36.25	6.14	3.64 ^{e,g}	3.83
Gender								
Female	17.65 [*]	6.25	9.32 ^{**}	2.41	36.12	6.23	2.94 ^{**}	3.22
Male	16.96 [*]	6.34	8.61 ^{**}	2.72	36.07	7.29	4.01 ^{**}	4.27

^{a,b,f,g} $p < .001$; ^{c,d} $p < .01$; ^e $p < .05$; ^{*} $p < .01$; ^{**} $p < .001$

effects for race/ethnicity on: cultural identification, $F(2, 1211) = 16.29, p < .001$; religiosity, $F(2, 1211) = 3.31, p < .05$; and alcohol use, $F(2, 1211) = 18.31, p < .001$. There were also significant main effects for gender found on: cultural identification, $F(1, 1211) = 8.21, p < .01$; religiosity, $F(1, 1211) = 11.21, p < .001$; and alcohol use, $F(1, 1211) = 18.12, p < .001$. Means and standard deviations for these analyses are located in Table 3.

Hypotheses

To examine the various hypotheses, which were predictive in nature, multiple regression was used. For each hypothesis and its corresponding regression equation, alcohol use was the dependent variable with age and socioeconomic status included as control variables. Dummy coding was done for the categorical independent variable race/ethnicity, with African American as the reference group. In creating the interaction terms, the continuous variables of study were centered prior to combination with the dummy coded variables. Results

are shown in Table 4 and for ease of interpretation and comparison, include output for all groups. *Hypothesis 1a (Cultural identification)*: Cultural identification significantly predicted alcohol use for Whites, $\beta = -.098, t(498) = -2.17, p < .05$. While cultural identification did not significantly predict alcohol use for Hispanics, the finding approached significance, $\beta = -.096, t(193) = -1.80, p = .074$. Finally, for African Americans, cultural identification was not significantly related to alcohol use, $\beta = .001, t(358) = .02, p = ns$. *Hypothesis 1b (Cultural identification and gender)*: The primary hypothesis involved gender differences among Hispanic participants. Cultural identification did not significantly predict alcohol use differentially for females, $\beta = -.102, t(352) = -1.41, p = ns$, or males, $\beta = -.055, t(158) = -.702, p = ns$. Among African American, cultural identification did not significantly predict alcohol use differentially for females, $\beta = .015, t(210) = .219, p = ns$, or males, $\beta = .001, t(147) = .010, p = ns$. And finally, for Whites, cultural identification did not significantly predict alcohol use differentially for either females, $\beta = -.070, t(281) = -1.14, p = ns$, or males, $\beta = -.116, t(216) = -1.73, p = ns$.

Table 4.

Summary of Regressions for Hypotheses (DV = Alcohol Use)

	<i>B</i>	<i>SE B</i>	β
Hypothesis 1a (Cultural identification)			
African American	.000	.023	.001
Hispanic	-.057	.032	-.096
White	-.056	.026	-.098*
Hypothesis 1b (Cultural identification)			
Hispanic Females	-.036	.051	-.102
Hispanic Males	-.055	.039	-.055
African American Females	.006	.025	.015
African American Males	.000	.042	.001
White Females	-.037	.032	-.070
White Males	-.072	.041	-.116
Hypothesis 2 (Religiosity)			
African American	-.075	.062	-.064
Hispanic	-.384	.081	-.244**
White	-.391	.052	-.319**
Hypothesis 3 (Self-Esteem)			
African American	-.005	.025	-.010
Hispanic	.001	.030	.001
White	-.035	.028	-.057

* $p < .05$; ** $p < .001$

Hypothesis 2 (Religiosity): Religiosity was significantly related to alcohol use for Hispanics, $\beta = -.244$, $t(193) = -4.72$, $p < .001$, as well as Whites, $\beta = -.319$, $t(498) = -7.53$, $p < .001$. For African Americans, religiosity was not significantly related to alcohol use, $\beta = -.064$, $t(358) = -1.21$, $p = ns$. *Hypothesis 3 (Self-Esteem)*: Self-esteem was not significantly related to alcohol use for any of the groups: African Americans, $\beta = -.010$, $t(358) = -.194$, $p = ns$; Hispanics, $\beta = .001$, $t(193) = .022$, $p = ns$; and Whites, $\beta = -.057$, $t(498) = -1.25$, $p = ns$.

Secondary analyses: Impact of Cultural Identification and Religiosity on Self-esteem

The mixed support of the hypotheses, as well as a number of unexpected findings, left us with additional questions about the relationship of cultural identification, religiosity, and self-esteem. While previous work has suggested that cultural identification is indeed one pathway to enhanced self-esteem (Negy et al., 2003; Wilson & Constantine, 1999), less is known about

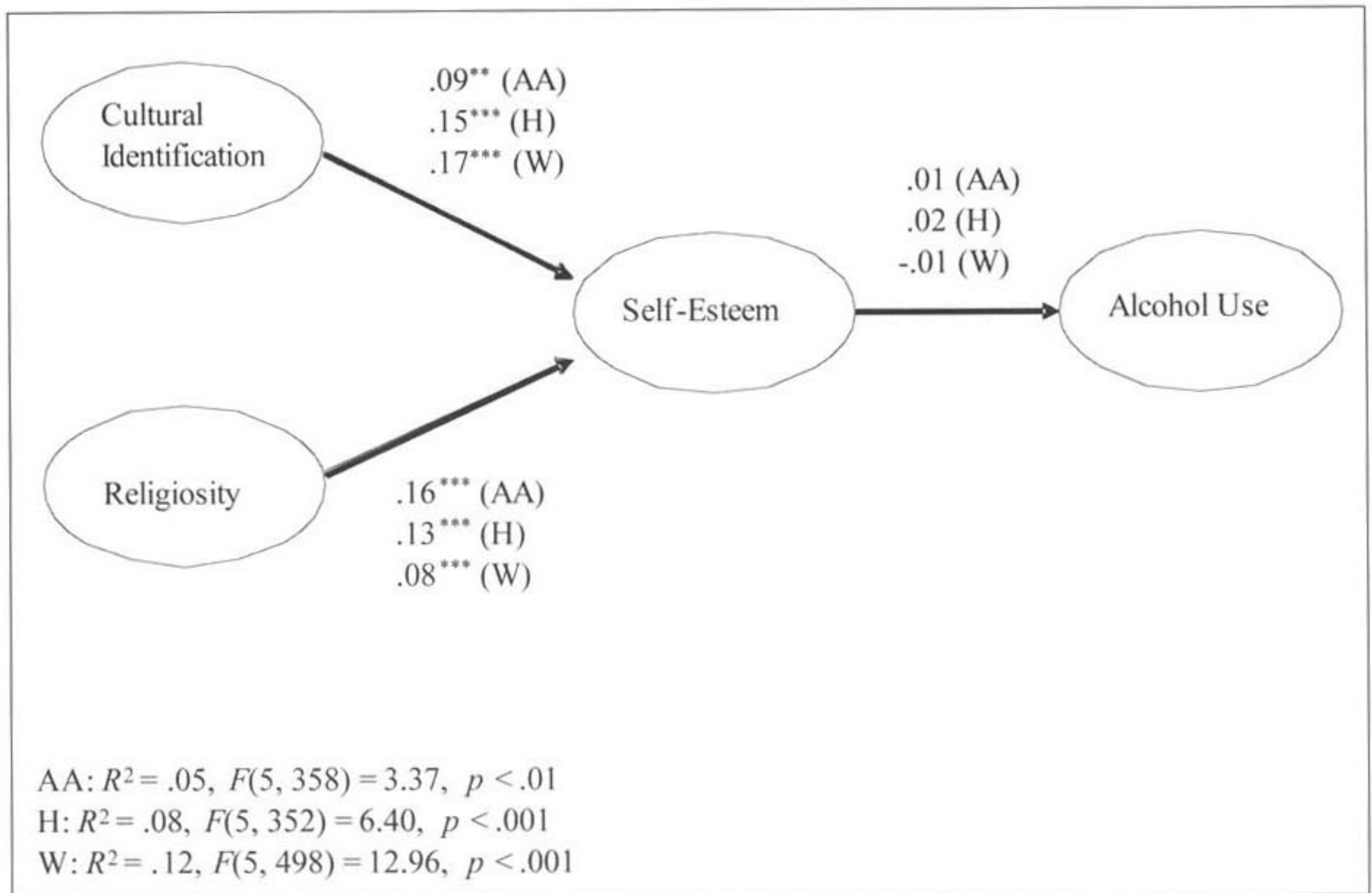


Figure 1. The impact of cultural identification and religiosity on self-esteem (AA = African American; H=Hispanic;W=White; ** $p < .01$; *** $p < .001$).

the impact of religiosity. As such, we developed and assessed a brief path model to further examine the relationship between these variables (see Figure 1). Cultural identification was positively related to self-esteem for all groups. However, this relationship was strongest for Whites ($\beta = .17$, $p < .001$) and Hispanics ($\beta = .15$, $p < .001$), compared to African Americans ($\beta = .09$, $p < .01$). Religiosity was also positively related to self-esteem for all groups. This relationship was strongest among African Americans ($\beta = .16$, $p < .001$) and Hispanics ($\beta = .13$, $p < .001$), compared to Whites ($\beta = .08$, $p < .001$).

Discussion

The purpose of this study was to explore the impact of cultural identification, religiosity, and self-esteem on alcohol use among a multiethnic sample of adolescents. Hypothesis 1 suggested that cultural identification would be related to alcohol use and most prominently among African American youth. In general, cultural identification was only minimally related to alcohol use. Specific to the racial/ethnic groups, cultural identifica-

tion predicted alcohol use only for Whites. Another unexpected finding was that while cultural identification was highest among Hispanics, Whites reported the next highest level, and both were significantly higher than African Americans. This latter finding is somewhat inconsistent with previous work, which has found that minority groups traditionally have higher levels of cultural identification than Whites (Branch et al., 2000; Martinez & Dukes, 1997; Umaña-Taylor & Shin, 2007).

The fact that Whites reported a higher level of cultural identification than African Americans, and not remarkably different than Hispanics, was counter to what we anticipated given previous research. Moreover, cultural identification was significantly and negatively related to alcohol use only for Whites, which contradicted hypothesis one. A closer examination of the cultural identification items, along with consideration of the fact that cultural identification is simultaneously impacted by individual, family, and community/contextual influences (e.g., salience of minority status; see Phinney, 1990), may help to explain these findings. In the measurement of cultural identification, there were a number of items that focused on broad

and general themes of cultural connectedness (e.g., “Does your family have traditions that are based on [...] culture?”). In a sense, these items related to a global and more indirect influence of specific cultural traditions on individual behavior; indirect because mere exposure to traditions does not automatically suggest individual observance of them. To this end, the cultural identification scale had additional items that were more focused on a family and individual cultural ethos. These items assessed the degree of family and individual adherence to cultural behaviors (“e.g., Does your family live by or follow a [...] way of life?”; Do you live by or follow a [...] way of life?”). It was these latter items which loaded more strongly on cultural identification for Whites. Thus for the group, the notion of cultural identification may be more focused on and expressed via specific family cultural messages and practices, both of which may have more direct impact on individual behaviors.

This may partially explain the finding among Whites for cultural identification and alcohol use. Perhaps the relationship between alcohol use and cultural identification for Whites is better understood as the relationship between alcohol use and family culture, along with familial messages and communication of negative attitudes, values, and beliefs about adolescent alcohol use. Conversely, for Hispanics, it was the items which focused on exposure to cultural traditions that loaded the highest on cultural identification. As such, cultural identification may be experienced most profoundly at the macrosystem level (e.g., societal and group-based communiqués of personhood), whereby minority status and group identification are placed in a societal context from which they draw meaning and relevance. With cultural identification conceptualized in a broader, more diffuse manner, it may have a less direct and more variable impact upon individual behavioral outcomes; recall that cultural identification was not significantly related to alcohol use Hispanics.

The fact that cultural identification was not related to alcohol use for African Americans within our sample, while counter to one of our hypotheses, is consistent with some previous work (Strunin & Demissie, 2001). A closer examination of factor loadings for African Americans on the cultural identification measure may also shed light on this relationship. Overall, the factor coefficients for African Americans on cultural identification were consistently lower than the other groups. Thus, for this group, it appears that cultural identification was less strongly defined by either the availability of and exposure to cultural traditions, or

by family and individual adherence to specific cultural practices. The result of this for the African American youth in our sample may be that cultural identification, as we conceptualized it, while still presumed to be of importance and meaningful in relation to self-concept, may ultimately have less direct influence on individual behavior (i.e., alcohol use).

As previous work has suggested a gender by acculturation (e.g., cultural identification) interaction (Randolph et al., 1998), we were interested in exploration of a similar phenomenon. In our sample, Hispanics had the highest level of cultural identification and there were no differences between males and females within the subsample. In examination of the direct relationship between cultural identification and alcohol use among Hispanics we did not find any gender differences. There are three possible reasons for this. The first is that the cultural identity measure of our secondary dataset was not sophisticated enough to adequately explore degree of acculturation and where individuals were located along a assimilation-traditionality continuum. We could only directly assess connectedness to Hispanic culture and this served as a proxy for acculturation. An approach that may have yielded more clarity would have been the use of an established acculturation measure (i.e., Acculturation and Biculturalism Scale; Triandis, Kashima, Hui, Lisansky, & Marín, 1982) and then an exploration of those data in conjunction with our other variables of study. Moreover, the age of our sample may have contributed to our findings, as younger individuals are typically more assimilated than elders, and more similar in degree of acculturation regardless of their gender (Sam & Berry, 1995). Second, given the nature of our data, we had a broad category of “Hispanic” and did not have the ability to separate our subsample by country of origin. This could have masked within group variation in alcohol use (Caetano, 1988), gender roles, and acculturation level and experiences. And finally, perhaps there were no gender differences to be found and the rates of alcohol use for Hispanic males and females in our sample were more similar than suspected.

Within our sample, African Americans reported the highest levels of religiosity, followed by Hispanics, and then Whites. In spite of this finding, religiosity was not related to alcohol use for African Americans; only Hispanics and Whites. While the general finding about the influence of religiosity on alcohol use for the latter two groups is somewhat consistent with previous work that has linked frequent church attendance to lower alcohol consumption (Brown et al., 2001; Wills et al., 2003), the lack of significance among the African

American subsample was counter to what we believed would occur. The original hypothesis was based on the historically significant role of the Black Church within the African American community, yet our results point to a possible decline in the influence of this institution on individual behavior. Pinkett (1992) describes two historical mechanisms which have traditionally served to pass religious (i.e., moral) teachings on to youth: worship and eldership. Worship provides instruction about the teachings of the faith and the community aspect of it serves to reinforce individual compliance. Eldership is the process through which elders, who have historically been viewed as the caretakers and conveyors of cultural knowledge to youth, also instruct, model, and reinforce appropriate behaviors. In combination, the messages from both of these sources have traditionally provided an essential moral foundation and framework for youth. However, these mechanisms may be in jeopardy of becoming obsolete and subsequently less meaningful to the younger generations, whereby religion and its teachings may no longer provide a consistent buffer to participation in negative behaviors. Our finding that religiosity was not related to alcohol use for African Americans offers some evidence of its decreased influence over individual behavior.

Nonnemaker, McNeely, and Blum (2003) differentiate between public and private religiosity. Public religiosity relates to attendance at and participation in religious functions, yet does not necessarily suggest personal belief or devotion, for external sources (e.g., caregivers) could be motivating these behaviors. Conversely, private religiosity reflects the importance and meaning of religion to the individual. While Nonnemaker et al. (2003) found that religiosity in general was somewhat protective in terms of youth substance use, it was private religiosity that was more related to substance use abstinence. The fact that the African American youth in our sample reported the highest level of religiosity suggests that religion is still viewed as important within the African American community at large, but that it may be more akin to public religiosity; for at the individual level it did not serve to deter alcohol use.

Our original hypothesis that self-esteem would be negatively related to alcohol use across the sample was not confirmed. Although the multivariate test of overall differences between groups was not statistically significant for race/ethnicity, it did approach significance ($p = .065$) and could be considered a trend. With this supposition, the fact that African Americans reported the highest levels self-esteem is consistent

with previous research (Ziegler-Hill, 2007). The finding that Hispanics had the lowest self-esteem score and the highest alcohol use rates, approximates previous work linking low self-esteem to higher rates of alcohol use (Corbin et al., 1996; Walitzer & Sher, 1996). The lack of significance in our results regarding self-esteem and alcohol use is certainly consistent with the incongruous extant literature regarding this relationship.

Our secondary analyses which examined the relationship of cultural identification, religiosity to self-esteem revealed a number of interesting findings. Cultural identification was indeed related to self-esteem for all racial/ethnic groups, a general finding that others have noted (Negy et al., 2003; Umaña-Taylor & Shin, 2007). However, our results suggested that this relationship was strongest for Whites and Hispanics. A number of possible explanations may explain the weaker connection between cultural identification and self-esteem for African Americans. For the Whites in our study, cultural identification was identified and constructed largely through identification with an individual and family cultural lifestyle, and for Hispanics it was rooted in specific cultural traditions and practices shared by the group; for African Americans, neither of these cultural identification domains were as strongly endorsed. Thus for the African Americans in our sample, cultural identification did not as significantly access these individual/familial behavior or cultural tradition domains. Furthermore, Phinney, Cantu, and Kurtz (1997) discuss how sociohistorical factors may impact group identity and self-esteem. When a group is viewed negatively, there can still be pride in membership, but in a protective stance, this identification is not as actively incorporated into the construction of self-esteem. In this circumstance, the end result is that self-esteem is somewhat less impacted and predicted by cultural identification, which is indeed what we noted for African Americans.

It is relatively clear that religion is an important concept in the lives of young people, as noted by finding of the positive relationship between religiosity and self-esteem. While we identified this relationship for all participants, it was strongest for African Americans and Hispanics. Traditionally for these two groups, in particular, religion has been closely tied to culture, heritage, and family, so it follows that it would be intimately woven into identity and related constructions of self (Falicov, 1999; Pinkett, 1992; Taylor et al., 1999; Zea et al., 2000). Furthermore, as religion provides a powerful mechanism for coping with hardship and adversity, it may offer groups who have historically been

marginalized an effective means to cope and develop a more positive view of circumstances and self (Cone, 1984; Delgado, 1988; Pinkett, 1992).

Limitations & Future Work

While this project represents an addition to the current literature on the relationship of cultural identification, religion, and self esteem to alcohol use among a diverse sample of adolescents, care must be taken in interpreting these findings due to the following limitations. As a project that utilized secondary data, there were a number of data issues beyond our control. The cross-sectional nature of the data, while useful and contributory to our understanding of the variables of study, was a limitation in that it did not offer an opportunity to gauge longitudinal relationships. So while we were able to describe the relationship between key variables, a detailed and more causative understanding of the interactive and developmental processes involved was beyond the scope of the data. There were also a number of limitations that were related to measurement. The conceptualization of cultural identification was not multidimensional (Helms, 2007), so while we were able to approximate it as a general construct, the potential to explore its various dimensions (e.g., psychological, cultural, physical, sociopolitical; Thompson, 1991, 1992) was lacking. A multidimensional approach to cultural identification would have provided the opportunity to better examine its various components in addition to their nuanced developmental influences on other variables, such as self-esteem (Quintana, 2007). Related, degree of acculturation was not directly assessed and was measured by proxy. The utilization of a traditional acculturation instrument would have better operationalized the concept and more closely paralleled other similar work (Black & Markides, 1993; Randolph et al., 1998; Triandis et al., 1982). Finally, the manner

in which religiosity was measured did not allow for a clear differentiation between internal and external motivations for participation or a detailed assessment of the subjective importance of religion in the lives of our participants (see Nonnemaker et al., 2003). Both of these would seem to have implications for individual behavior.

We identify a number of areas for future work. First, a longitudinal approach focused on these variables would provide the opportunity to better examine their developmental trajectories and influence on each other. Related to cultural identification, future work should include further examination of the impact of its multiple dimensions on psychological constructs (i.e., self-esteem) and individual behaviors (i.e., alcohol use). Of note would be an enhanced understanding of family and community-based cultural identification messages and how these are incorporated into the individual sense of self and various behavioral outcomes. Religion is clearly a concept of importance to many individuals. Future work should include exploration of the degree to which religious traditions, and the associated attitudes, values, and beliefs, are incorporated into the worldview of adolescents, as well as how it impacts their day-to-day decision making and behaviors. While self-esteem is often viewed anecdotally as an omnipotent variable of influence, the research concerning its factual impact remains inconsistent at best. A number of studies suggest that a more appropriate and accurate way to conceptualize it is as a multidimensional concept (social acceptance, social competence, social confidence; Swaim, Chen, Deffenbacher, & Newcomb, 2001; Taylor, Merritt, & Austin, in press). Additional work focused on the development of these components, along with their nuanced impact on alcohol use, would be fruitful. And finally, the variables of study in this project may impact alcohol use more indirectly, and as such, future work should more specifically assess their viability as possible moderators and mediators to use.

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