

Psychosocial maladjustment in adolescence: Parental socialization, self-esteem, and substance use

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Título: Desajuste psicosocial en la adolescencia: socialización parental, autoestima y uso de sustancias.

Resumen: Este estudio analiza la vulnerabilidad de los adolescentes a partir de la autoestima y el consumo de sustancias, y la protección o riesgo del estilo de socialización. La muestra fue de 1445 adolescentes españoles (59.4% mujeres), 600 tempranos de 12 a 15 años (41.5%) y 845 tardíos de 16 a 17 años (58.5%). Las familias se clasificaron en una de las cuatro tipologías: indulgente, autoritativa, autoritaria y negligente. El ajuste de los hijos se midió con autoestima (emocional, familiar y física) y consumo de sustancias (alcohol, tabaco, cannabis y drogas de síntesis). Los resultados mostraron que en la adolescencia tardía la vulnerabilidad fue mayor que en la temprana. Se encontró una interacción entre la etapa de la adolescencia y el sexo. Los adolescentes tardíos presentaron mayor consumo de sustancias (aunque no las adolescentes) en cannabis y drogas de síntesis. La menor autoestima emocional correspondió a las adolescentes tardías y la menor autoestima familiar a los adolescentes tardíos. El estilo parental no interactuó con la etapa de la adolescencia ni con el sexo. El estilo indulgente igualó, o incluso mejoró, la protección respecto del autoritativo, mientras que los estilos parentales autoritario y negligente actuaron como factores de riesgo.

Palabras clave: Estilos de Socialización; Adolescencia Temprana y Tardía; Desajuste Psicosocial; Autoestima; Drogas.

Abstract: This study analyzes adolescents' vulnerability based on self-esteem and substance use, with parenting style as a protective or risk factor. The sample was composed of 1445 Spanish adolescents (59.4% females), 600 early (41.5%, from 12 to 15 years old) and 845 late (58.5%, from 16 to 17 years old) adolescents. Families were classified in one of four typologies: Indulgent, authoritative, authoritarian, and neglectful. Adolescents' adjustment was captured through self-esteem (emotional, family, and physical) and substance use (alcohol, tobacco, cannabis, and synthetic drugs). Results showed that vulnerability was greater in late adolescence than in early adolescence. An interaction was found between the adolescent stage and gender. Male late adolescents had higher substance use of cannabis and synthetic drugs. The lowest emotional self-esteem corresponded to female late adolescents, and the lowest family self-esteem corresponded to male late adolescents. The parenting style did not interact with the stage of adolescence or gender. The indulgent parenting style was associated with equal or even greater protection than the authoritative parenting style against psychosocial maladjustment problems in adolescence, whereas the authoritarian and neglectful parenting styles acted as risk factors.

Keywords: Parenting Styles; Early and Late Adolescence; Psychosocial Maladjustment; Self-esteem; Drugs.

Introduction

An important psychosocial maladjustment has been described in adolescence through the analysis of a wide range of criteria, including self-esteem (Rodrigues, Veiga, Fuentes & García, 2013), drug use (Calafat, García, Juan, Becoña & Fernández-Hermida, 2014), motivation in school (Veiga, García, Reeve, Wentzel, & García, 2015), academic performance (Fuentes, Alarcón, Gracia & García, 2015), or adolescent behavioral problems (Martínez, Fuentes, García & Madrid, 2013). The decrease in psychosocial competence from early to late adolescence has been related to the increase in the influence of the peer group (Calafat et al., 2014; Dohnt & Tiggemann, 2006; Gardner & Steinberg, 2005; Smith, Chein & Steinberg, 2014; Veiga et al., 2015). Despite the increase in peer group influence, parental socialization continues to function as a fundamental source of protection from this psychosocial vulnerability (Baumrind, 1991; Calafat et al., 2014; Cerezo, Ruiz-Esteban, Lacasa & Gonzalo, 2018; Chan, Kelly, Carroll & Williams, 2017; García & Gracia, 2009; Martínez-González, Rodríguez-Ruiza, Álvarez-Blanco, & Becedóniz-Vázquez, 2016). After numerous studies, there is still debate in the specialized literature about the best parenting strategy to preserve psychosocial competence throughout the adolescent period.

The life cycle stage of adolescence is characterized by greater psychosocial vulnerability. An increase has been observed in the need to regulate affect and behavior through personal goals, which are frequently different from the goals adults provided during childhood (Steinberg, 2005, 2007). The increasing risks the adolescent assumes have been explained by the fragile balance between thrill-seeking and novelty, especially from early adolescence, and the capacity for self-regulation, which is still immature and does not develop completely until early adulthood (Alonso-Stuyck, Zacarés & Ferreres, 2018; Steinberg, 2001, 2004; Steinberg & Morris, 2001). The search for autonomy and personal identity has been related to an important emotional vulnerability. Several studies have found variations in self-esteem throughout adolescence, with early adolescents presenting higher self-esteem than late adolescents.

Likewise, it has been pointed out that the vulnerability is different depending on the adolescent's gender. Some one-dimensional measures show greater self-esteem in male adolescents (Martín-Albo, Nuñez, Navarro & Grijalvo, 2007), despite considerable differences among the distinct cultural versions (Calafat et al., 2014). In addition, some multidimensional measures consistently differentiate male and female self-esteem by domains based on the gender stereotypes of western culture (García & Gracia, 2009; Torres, Mohand & Mohand, 2017). Whereas male adolescents present greater emotional and physical self-esteem, female adolescents present greater family self-esteem (García & Gracia, 2009; Swaim & Wayman, 2004; Wild, Flisher, Bhana & Lombard, 2004).

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Along the same lines, experimentation with alcohol, tobacco, and other drugs during early adolescence is a firm and consistent predictor of future drug use in adulthood (Kandel, Kessler & Margulies, 1978; Newcomb, Maddahian, Skager & Bentler, 1987; Osgood, Johnston, O'Malley & Bachman, 1988; Vega, Zimmerman, Warheit & Apospori, 1993; Zacarés, Serra, Torres, 2015). Alcohol use and tobacco consumption increase from early to late adolescence (Jackson, Sher, Cooper & Wood, 2002; Melchior, Chastang, Goldberg & Fombonne, 2008). Differences in alcohol abuse have been associated with a lower perception of risk (Barnes, Reifman, Farrell & Dintcheff, 2000; Jackson et al., 2002; Melchior et al., 2008). For example, Jackson et al. (2002), in a longitudinal study with more than 4000 teenagers, found that alcohol abuse increased during adolescence in male adolescents, but not in female adolescents. Moreover, an increase has been found in cannabis and synthetic drug use in late adolescence, although this tendency has only been observed in male adolescents because they seem to perceive less risk associated with these illegal substances (García & Gracia, 2009; Newcomb et al., 1987).

Parental socialization has been identified as a main source of influence on psychosocial vulnerability in adolescence (Adalbjarnardottir & Hafsteinsson, 2001; Calafat et al., 2014; García & Gracia, 2009, 2010; Hummel, Shelton, Heron, Moore & van den Bree, 2013; Valente, Cogomora & Sanchez, 2017). Research examining relationships between parental socialization and effects on children's development traditionally uses a two-dimensional model with four typologies of parenting styles. Through the combination of acceptance/involvement and strictness/imposition, both theoretically orthogonal dimensions, four family typologies are obtained: authoritative (acceptance/ involvement and strictness/imposition), authoritarian (without acceptance/involvement but with strictness/imposition), indulgent (acceptance/involvement but without strictness/imposition), and neglectful (without acceptance/involvement or strictness/imposition) (Baumrind, 1991; Darling & Steinberg, 1993; Lamborn, Mounts, Steinberg & Dornbusch, 1991; Maccoby & Martin, 1983; Martínez, Cruise, García, & Murgui, 2017; Steinberg, Lamborn, Darling, Mounts & Dornbusch, 1994).

Although parents are normally considered a protective factor against adolescent psychosocial risks, parents' behavior has been related to important variations in both self-esteem and the use of alcohol, tobacco, and illegal drugs during adolescence (Darling & Steinberg, 1993; Lamborn et al., 1991; Steinberg et al., 1994). Research carried out mainly in English-speaking contexts with European-American samples has systematically identified the authoritative parenting style as a factor providing greater protection against psychosocial vulnerability. In the same way, adolescents from authoritarian families, also characterized by strictness/imposition, present a lower risk of consuming alcohol and other drugs than adolescents from families that are not characterized by strictness/imposition (indulgent and ne-

glectful) (Bahr & Hoffmann, 2010; Darling & Steinberg, 1993; Steinberg et al., 1994). However, studies agree that adolescents from authoritarian families present a greater risk of self-esteem problems than those from families characterized by acceptance/involvement (authoritative and indulgent) (Bahr & Hoffmann, 2010; Hoffmann & Bahr, 2014; Lamborn et al., 1991). Likewise, research conducted mainly in English-speaking contexts with European-American samples has also consistently found that indulgent and neglectful parenting styles, both characterized by low strictness/imposition, constitute the main risk factor for adolescent vulnerability (Bahr & Hoffmann, 2010; Baumrind, 1991; Lamborn et al., 1991).

Although firm control and rigor are equally present in authoritative and authoritarian parents, there are important conceptual differences between the behaviors in these two parenting styles that have not always been taken into account in the literature (see Calafat et al., 2014; García et al., 2015; Kerr & Stattin, 2000; Stattin & Kerr, 2000). For example, monitoring (active parental supervision) was initially ambiguously conceptualized as a parenting practice that involves active attempts by the parents to watch over their children. However, several researchers have pointed out that, although parental monitoring is clearly related to a wide range of indicator variables of psychosocial adjustment, most of this positive relationship with the adjustment criteria corresponded to the importance of spontaneously revealing information to the parents (typical of the authoritative style), but not to the parents' intrusive attempts to extract information (typical of the authoritarian style) (Ahn & Lee, 2016; Calafat et al., 2014; Carroll et al., 2016; Holdsworth, Laverty & Robinson, 2017; Kerr & Stattin, 2000; McLaughlin, Campbell & McColgan, 2016; Stattin & Kerr, 2000).

However, although the authoritative style is associated with important benefits for White, middle class, American adolescents, studies in other cultural and ethnic contexts pose serious concerns about whether the authoritative parenting style is always associated with the greatest protection against adolescent psychosocial vulnerability. On the one hand, the authoritarian parenting style, characterized by strictness/imposition but without acceptance/involvement, is related to optimal adjustment in ethnic minorities in the United States (Chao, 2001; Deater-Deckard & Dodge, 1997; Wang & Phinney, 1998). For example, Chao (2001) found that the authoritarian style was related to the higher academic performance of Chinese-American children. Moreover, research conducted in the Middle East and Asia has suggested benefits of the authoritarian style. Thus, the authoritarian parenting style has been associated with Chinese children's satisfaction with their father-son relationship (Quoss & Zhao, 1995), and it has not been associated with mental health issues in adolescents from Arabic societies (Dwairy, Achoui, Abouserfe & Farah, 2006).

On the other hand, the indulgent parenting style, characterized by acceptance/involvement, but without the strictness/imposition component, provides extensive benefits

and protection against psychosocial vulnerability in European and South American adolescents (DiMaggio & Zappulla, 2014; Fuentes, Alarcón, García, & Gracia, 2015; García et al., 2015; García & Gracia, 2009, 2010; Gracia, Fuentes, García, & Lila, 2012; Martínez, García, & Yubero, 2007). For Spanish adolescents, the indulgent parenting style appears to provide a key protection factor against drug and alcohol use that is just as efficacious as the authoritative style (Calafat et al., 2014; García & Gracia, 2009, 2010; Martínez et al., 2013), or even more so, with children from indulgent families obtaining better adjustment than children from authoritative families on criteria such as self-esteem, psychosocial maladjustment, personal competence, and a wide range of behavioral problems (Fuentes, García, Gracia & Alarcón, 2015; Fuentes, García, Gracia & Lila, 2011; Martínez & García, 2007, 2008). Recently, research conducted with a large sample of European adolescents from Sweden, Slovenia, the Czech Republic, the United Kingdom, Spain, and Portugal (Calafat et al., 2014) thoroughly examined which parenting style is more efficient in protecting against emotional vulnerability, substance use, and other psychosocial adjustment problems in adolescence. The results of the study indicated that, in all the countries analyzed, the indulgent style was the best protection factor and as effective as the authoritative style against substance abuse and behavioral problems, and even more effective than the authoritative style for self-esteem and academic performance.

The current study is based on the assumption that there is a psychosocial maladjustment in self-esteem (emotional, family, and physical) in adolescence that is accompanied by early initiation into substance use (alcohol, tobacco, cannabis, and synthetic drugs). This maladjustment increases with age, such that late adolescents present lower self-esteem and greater drug use than younger adolescents. Variations in self-esteem associated with the adolescents' gender have been related to the gender stereotypes of the social context; greater emotional and physical self-esteem are expected in male adolescents, whereas greater family self-esteem is expected in female adolescents. Because the use of cannabis and synthetic drugs is associated with greater acceptance of risks, less use of these substances is expected in female adolescents because they perceive their risk to a greater degree. Although adolescence is associated with an important psychosocial vulnerability, in this key stage the indulgent parental socialization will be associated with equal or greater protection than the authoritative style. On the other hand, the authoritarian and neglectful parenting styles will be risk factors.

Method

Participants and procedure

The study sample was composed of 1445 adolescents from 12 to 17 years old ($M = 15.54$; $SD = 1.95$), of which 858 were female (59.4%) and 587 male. An a priori calcula-

tion was performed of the statistical power to detect a low-medium effect size ($f = 0.110$), fixing Type I and Type II errors, $\alpha = .05$ and $\beta = .95$, for the univariate F tests among the four parenting styles, obtaining a minimum sample size of 1424 participants. The final study sample was slightly larger than the minimum size calculated. The sensitivity analysis for the final sample of 1445 participants, fixing the conventional Type I and Type II errors, $\alpha = .05$ and $\beta = .95$, indicated that a slightly reduced low-medium effect size could be detected ($f = 0.109$) (Faul, Erdfelder, Buchner & Lang, 2009; García, Pascual, Frías, Van Krunckelsven & Murgui, 2008; Pérez, Navarro & Llobell, 1999).

This study was carried out following the research protocol approved by the Ethical Committee of the Scientific Research Development Program, Technological and Innovation Development of the Valencian Region, which supported this research. Twelve schools were chosen randomly from a complete official list of schools (public, private, and subsidized) in a Spanish Autonomic Region, until reaching the minimum sample size required to guarantee the statistical power. When the groups (schools) are chosen randomly, the elements that form the groups (students) will be equivalent to those that a random system would provide (Gracia, García, & Musitu, 1995; Kalton, 1983). The principals of each school were contacted and informed about the objectives of the study (the rejection rate was below 10%). The participants were students from 7th to 12th grades, corresponding to the age group from 12 to 17 years old. To participate in the study, the parents' consent was required, and the confidentiality of the students' answers was guaranteed. The students filled out the questionnaires in a classroom during the school day.

Measurement

Parental Socialization. To measure the acceptance/involvement dimension, 20 items from the WAS scale (*Warmth/Affection Scale*, Rohner, Saavedra & Granum, 1978) were used from the PARQ/C questionnaire (*Parenting Acceptance-Rejection/Control Questionnaire*, Rohner, 1989), which has been validated in Spanish (Fernández-García, Rodríguez-Menéndez & Peña-Calvo, 2017; Lila, García & Gracia, 2007). This scale offers a reliable measure of adolescents' perception of the degree to which their parents are involved and respond in a loving and sensitive way to their needs (example items: "Make me feel proud when I do well"; and "Talk to me in a warm and loving way"). The α coefficient was .924. In order to measure the strictness/imposition dimension, the 13 elements from the PCS (*Parenting Control Scale*, Rohner, 1989; Rohner & Khaleque, 2003) were used from the PARQ/C questionnaire (*Parenting Control Scale*, Rohner, 1989). This scale offers a reliable measure of adolescents' perception of the degree to which their parents exercise imposing, firm, and demanding control over their behavior (example items: "It make sure that I know exactly what I can and cannot do"; and "Insist that I

do exactly as I am told”), with an *alpha* value of .847. Both questionnaires use Likert-type scales ranging from 1 “Almost never true” to 4 “Almost always true”. High scores on each factor imply greater acceptance/involvement and/or strictness/imposition by the parents.

Self-esteem. It was measured with three scales from the AF5 (García & Musitu, 1999), each composed of six items: emotional (example of an inverted item: “I am afraid of some things”, $\alpha = .709$), family (example item: “I am happy at home”, $\alpha = .845$), and physical (example item: “People ask me to participate in sports”, $\alpha = .760$) self-esteem. The response scale for the 18 elements was a Likert-type scale ranging from 1 “Strongly disagree” to 9 “Strongly agree”. The AF5 multidimensional self-esteem questionnaire is one of the most widely used Spanish measures (e.g., Fernández-Zabala, Rodríguez-Fernández & Goñi, 2016; Martín-Albo et al., 2007; Torregrosa-Ruiz, Molpeceres & Tomás, 2017; Torres et al., 2017). The dimensional structure has been empirically confirmed through exploratory (e.g., García & Musitu, 1999) and confirmatory factorial analyses (e.g., García, Gracia & Zeleznova, 2013; García, Musitu, Riquelme & Riquelme, 2011; García, Musitu & Veiga, 2006; Murgui, García, García & García, 2012; Tomás & Oliver, 2004), and no methodological problems have been found with negatively worded items (García et al., 2011; Tomás & Oliver, 2004).

Substance use. The frequency with which the adolescent had consumed tobacco, alcohol, and synthetic drugs in the past few weeks was measured (Calafat et al., 2014; Fuentes et al., 2015a, b; García & Gracia, 2009, 2010). A Likert-type response scale was used, ranging from 1 “nothing at all” to 4 “a lot”. The *alpha* value was .665.

Analytical Plan

A multivariate MANOVA ($4 \times 2 \times 2$) factorial design was applied, where the dependent variables were the adolescents’ adjustment criteria (emotional, family, and physical self-esteem; and substance use: alcohol, tobacco, cannabis, and synthetic drugs), and the independent variables were the parenting styles (indulgent, authoritative, authoritarian, and neglectful), gender (female vs. male), and age group (12 to 15 years old vs. 16 to 17 years old). Afterwards, univariate tests were applied to analyze the sources of significant variation in the multivariate analysis, and the Bonferroni test to analyze the significant univariate sources, maintaining the *alpha* per study at 5%.

Results

Parental educational styles

The participants were 1445 adolescents classified as indulgent, authoritative, authoritarian, or neglectful (Table 1): Indulgent, 383 adolescents (26.5%), with high scores on acceptance/involvement, $M = 73.42$, $SD = 4.00$, and low scores on strictness/imposition, $M = 27.99$, $SD = 4.90$; authoritative, 340 adolescents (23.5%), with high scores on acceptance/involvement, $M = 72.82$, $SD = 3.57$, and strictness/imposition, $M = 38.47$, $SD = 4.69$; authoritarian, 385 adolescents (26.6%), with low scores on acceptance/involvement, $M = 56.44$, $SD = 8.86$, and high scores on strictness/imposition, $M = 39.43$, $SD = 5.09$; and neglectful, 337 (23.3%) adolescents, with low scores on acceptance/involvement, $M = 57.83$, $SD = 9.16$, and strictness/imposition, $M = 28.16$, $SD = 5.37$. Likewise, the two

Table 1. Distribution of the Family Parenting Style, and Mean and Standard Deviation of Dimensions of Acceptance/Involvement and Strictness/Imposition.

	Total	Indulgent	Authoritative	Authoritarian	Neglectful
Frequency	1445	383	340	385	337
Percentage	100.0	26.5	23.5	26.6	23.3
Acceptance/Involvement					
Mean	65.12	73.42	72.82	56.44	57.83
SD	10.60	4.00	3.57	8.86	9.16
Strictness/Imposition					
Mean	33.55	27.99	38.47	39.43	28.16
SD	7.42	4.91	4.69	5.09	5.37

main dimensions of parental socialization, acceptance/involvement and strictness/imposition, presented low correlations, $r = -.111$, $R^2 = .01$ (1%), $p < .01$. These results agreed with the orthogonality assumption of the two-dimensional socialization model.

Multivariate Analysis

The multivariate analyses indicated statistically significant differences ($\alpha = .05$) in the age and gender interaction effects, $\Lambda = .977$, $F(7.0, 1423.0) = 4.74$, $p < .001$, and the main

effects of parenting style, $\Lambda = .749$, $F(21.0, 4086.6) = 20.56$, $p < .001$, gender, $\Lambda = .901$, $F(7.0, 1423.0) = 22.25$, $p < .001$, and age, $\Lambda = .806$, $F(7.0, 1423.0) = 48.94$, $p < .001$ (Table 2).

Table 2. Factorial MANOVA ($4^a \times 2^b \times 2^c$) on Emotional Self-Esteem, Family Self-Esteem, and Physical Self-Esteem.

Source of Variation	Λ	F	$g^2_{numerator}$	$g^2_{denominator}$	p
(A) Parenting Style ^a	.749	20.56	21.0	4086.6	< .001
(B) Sex ^b	.901	22.25	7.0	1423.0	< .001
(C) Age ^c	.806	48.94	7.0	1423.0	< .001
A × B	.984	1.09	21.0	4086.6	.346
A × C	.980	1.40	21.0	4086.6	.105
B × C	.977	4.74	7.0	1423.0	< .001
A × B × C	.984	1.08	21.0	4086.6	.364

Note: ^a*a*₁, indulgent, *a*₂, authoritative, *a*₃, authoritarian, *a*₄, neglectful; ^b*b*₁, male, *b*₂, female; ^c*c*₁, 12-15 years, *c*₂, 16-17 years.

Psychosocial maladjustment in adolescence

On emotional, family, and physical self-esteem, the scores of the 16 to 17-year-old adolescents were lower than

those of the 12 to 15-year-old adolescents (Table 3). On physical self-esteem, male adolescents presented higher scores than female adolescents. There was an interactive effect of gender by age on emotional self-esteem, $F(1, 1429) = 6.23, p = .013$ (Figure 1) and family self-esteem, $F(1, 1429) = 8.85, p = .003$ (Figure 2). On emotional self-esteem, the 16 to 17-year-old adolescents obtained lower scores than the 12 to 15-year-old adolescents, but this tendency was only found in males, whereas on family self-esteem, the 16 to 17-year-old adolescents also obtained lower scores than the 12 to 15-year-old adolescents, but this tendency was only observed in females.

Table 3. Means, (Standard Deviations), F Values, and Post-Hoc Procedure of Bonferroni for the Four Parenting Style Groups on Self-Esteem Dimensions and Drugs Use.

	Parenting Style				F (3, 1429)	Sex		F (1, 1429)	Age		F (1, 1429)
	Indul-gent	Autho-ritative	Autho-ritarian	Negli-gente		Fem-ale	Male		12-15 years	16-17 years	
Self-Esteem											
Emotional	5.74 ¹ (1.77)	5.34 ² (1.76)	5.23 ² (1.84)	5.50 (1.79)	6.76***	5.13 1.83	5.93 1.65	62.90***	5.66 1.83	5.31 1.77	9.08***
Family	8.94 ¹ (0.97)	8.76 ¹ (1.07)	6.85 ³ (1.98)	7.54 ² (1.79)	145.06***	8.14 1.74	7.83 1.75	13.43***	8.19 1.68	7.89 1.80	16.34***
Physical	6.17 ¹ (1.80)	6.19 ¹ (1.91)	5.48 ² (1.96)	5.69 ² (1.91)	11.11***	5.60 1.91	6.28 1.85	41.02***	6.06 1.95	5.75 1.89	6.67***
Drugs Use											
Alcohol	17.13 ² (7.49)	16.74 ² (7.81)	18.65 ¹ (9.20)	18.58 ¹ (8.95)	4.18*	17.90 (8.41)	17.60 (8.46)	0.01	13.42 (6.32)	20.88 (8.37)	327.13***
Tobacco	13.52 ² (7.72)	13.47 ² (7.62)	15.48 ¹ (9.43)	15.28 ¹ (8.69)	4.43*	14.74 (8.61)	14.00 (8.21)	2.15	1233 (6.32)	15.94 (9.41)	66.18***
Cannabis	11.54 ² (04.85)	11.53 ² (4.55)	12.91 ¹ (6.36)	13.23 ¹ (7.44)	7.71***	11.97 (5.48)	12.78 (6.53)	5.79*	1113 (4.48)	13.12 (6.67)	48.41***
Synthetic drugs	10.05 ² (0.72)	10.21 ^b (1.42)	10.60 ¹ (3.13)	10.98 ^{1a} (4.15)	8.17***	10.28 (2.03)	10.70 (3.46)	6.71*	1020 (1.72)	10.63 (3.22)	13.79***

Note: Post-hoc procedure of Bonferroni $\alpha = .05; 1 > 2, a > b$.
* $p < .05$, ** $p < .01$, *** $p < .001$.

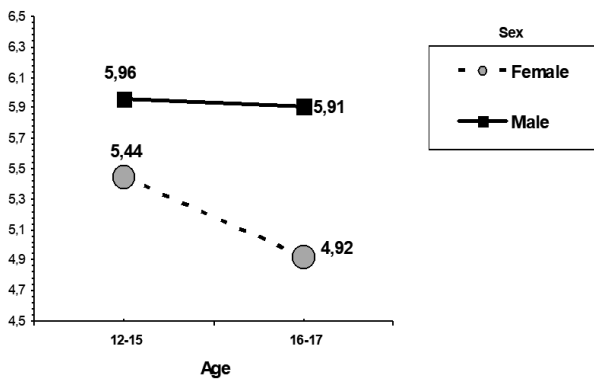


Figure 1. Means of Sex by Age Group in Emotional Self-Esteem.

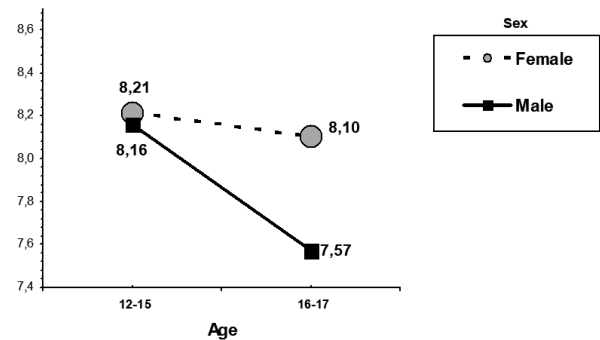


Figure 2. Means of Sex by Age Group in Family Self-Esteem

For alcohol, tobacco, cannabis, and synthetic drug use, the 16 to 17-year old adolescents obtained higher scores than the 12 to 15 years old (Table 3). Interactive effects were found for gender by age on cannabis use, $F(1, 1429) = 6.70, p = .010$ (Figure 3) and synthetic drug use, $F(1, 1429) =$

9.64, $p = .002$ (Figure 4). For cannabis use, 16 to 17-year-old adolescents obtained higher scores than 12 to 15-year-old adolescents, although 16 to 17-year-old late adolescent males used more cannabis than females. For synthetic drug use, basically the same pattern is shown, with higher use in male adolescents from 16 to 17 years old, who are basically the participants showing the increasing tendency.

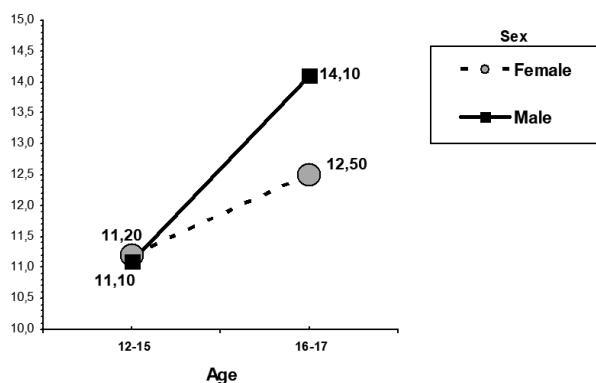


Figure 3. Means of Sex by Age Group in Cannabis Use

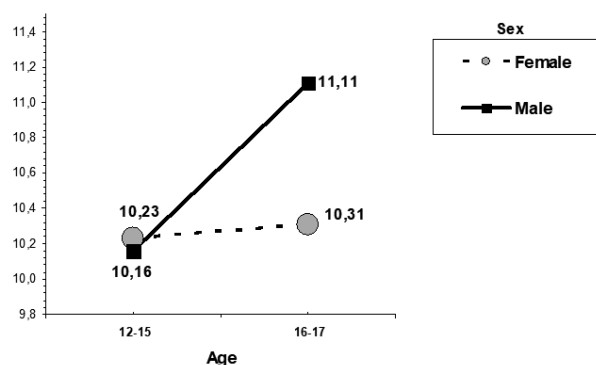


Figure 4. Means of Sex by Age Group in Synthetic Drugs Use

Parenting styles: protection from or risk of psychosocial maladjustment in adolescence

The results showed that the most protective parenting style was the indulgent style, related to equal or even greater protection against risks in adolescence than the authoritative style, whereas the authoritarian and neglectful parenting styles were related to greater vulnerability (Table 3). On the self-esteem criteria, children from indulgent homes obtained equal (on family and physical self-esteem) or even higher scores than those from authoritative families (on emotional self-esteem); the lowest scores pertained to children from authoritarian and neglectful families. For the use of drugs criteria, children who characterized their parents as indulgent and authoritative showed the lowest alcohol, tobacco, cannabis, and synthetic drug use, whereas the highest scores were observed in children from authoritarian and neglectful families.

Discussion

This study evaluated the adolescents' progressive psychosocial maladjustment through self-esteem and drug use criteria and the protection or risk provided by the parents' socialization style. As expected, the study analyses confirmed the adolescents' psychosocial maladjustment and their resulting vulnerability. The main effects of the age group indicated a persistent pattern that was congruent with what was expected, across all the variables analyzed. During late adolescence (16-17 years old), self-esteem (emotional, family, and physical) was lower, whereas substance use (alcohol, tobacco, cannabis, and synthetic drugs) was higher. Even though these effects are recognized throughout the literature (e.g., Jackson et al., 2002; Kandel et al., 1978; Melchior et al., 2008; Swaim & Wayman, 2004; Wild et al., 2004), in our study we found important aspects related to the period of adolescence when the vulnerability occurs, and that it depends on gender.

We have to point out that, along with the main effects, interaction effects were found between gender by age on physical and family self-esteem, and on cannabis and synthetic drug use, and these interactions are important aspects to take into account in prevention. For emotional self-esteem, the decrease associated with the two analyzed groups (early and late adolescents) only affected female adolescents. On the other hand, the decrease in family self-esteem at the age of 16 to 17 years old (late stage) mainly affected 16 to 17-year-old (late stage) males. These data from our study indicated that the psychosocial maladjustment in these two criteria differentially affected both genders. Male adolescents' vulnerability lies in family self-esteem, whereas female adolescents' vulnerability lies in emotional self-esteem, in addition to the main effect of physical self-esteem, which equally affects adolescents of both genders. The different vulnerability in the two genders is consistent with studies that have especially addressed this problem (e.g., Swaim & Wayman, 2004; Wild et al., 2004), and it has not always been sufficiently taken into account due to the partial analysis of this vulnerability in samples, without considering the change from early to late adolescence (e.g., García & Gracia, 2010). These results reveal the need to introduce family conflict resolution for male adolescents and emotional self-regulation for female adolescents in prevention and intervention programs in educational contexts.

In addition, interaction effects of gender by age were found in adolescents' vulnerability to substance use. We should especially point out that two factors involve a greater health risk: cannabis and synthetic drugs. The common pattern for both substances (although it is clearer for the most dangerous one, synthetic drugs) is that the increase in use between early and late adolescence corresponds mainly to male adolescents, whereas female adolescents hardly initiate their use. These results correspond to the different perceptions of risk in the two genders (Jackson et al., 2002; Melchior et al., 2008). These aspects have not always been con-

sidered when designing prevention programs that focus mainly on drug problems (Calafat et al., 2014; Valente et al., 2017). These results reveal the need to emphasize the short- and long-term risks generally involved in the use of substances, and especially illegal ones such as cannabis and synthetic drugs. The relevance of including this risk perception variable in prevention programs becomes clear beyond early adolescence, especially in male adolescent groups.

The results found for the protection or risk contributed by parental socialization styles to adolescents' psychosocial vulnerability indicate that the parenting style does not interact with age or gender because only main effects were found (García & Gracia, 2009, 2010; Lamborn et al., 1991; Rodrigues et al., 2013; Steinberg et al., 1994). This finding indicates that the parenting style is a protective or risk factor regardless of the adolescent's age (throughout adolescence) or gender (it influences both genders equally). Higher risk corresponded to adolescents from authoritarian and neglectful families, who were characterized as being the most vulnerable adolescents, with the lowest scores on self-esteem (emotional, family, and physical) and the highest on substance use (alcohol, tobacco, cannabis, and synthetic drugs) criteria. The greatest family protection corresponded to parents with indulgent and authoritative socialization styles. The children of these styles were less vulnerable, obtaining higher scores on self-esteem and lower scores on substance use. However, the scores of the children from indulgent families were generally higher on all the self-esteem criteria, and significantly higher on emotional self-esteem. We should point out the lower emotional vulnerability of adolescents from indulgent families, and the higher emotional vulnerability of adolescents from authoritative families. The latter obtained worse scores on emotional self-esteem than the children from indulgent families, and their scores did not differ from those obtained by adolescents from authoritarian homes. This main effect confirms findings from other studies, even though the trajectory of vulnerabilities throughout adolescence has generally not been considered (Fuentes et al., 2015a; Garcia & Gracia, 2009, 2010; Martínez et al., 2013; Rodrigues et al., 2013).

One of the most significant contributions of this study is the systematic analysis of the protection and risk implications of family socialization on the vulnerability experienced in the critical stage of late adolescence (Jackson et al., 2002; Melchior et al., 2008). The results of this study confirm oth-

er previous findings on the change in personal adjustment, where indulgent parents provide greater protection to their children, followed by authoritative parents (García & Gracia, 2009, 2010; Rodrigues et al., 2013), and on vulnerability to the use of drugs, where indulgent and authoritative styles best protect their children (Calafat et al., 2014; Fuentes et al., 2015a; Garcia & Gracia, 2009, 2010; Martínez et al., 2013). These results clearly differ from other studies carried out in other cultural contexts, where, for example, the greatest protection against drug use corresponded to the authoritative and authoritarian styles (Bahr & Hoffmann, 2010; Baumrind, 1991, Hoffmann & Bahr, 2014, Lamborn et al., 1991, Steinberg et al., 1994).

This study has positive aspects and some limitations. A positive aspect is that it studied psychosocial vulnerability in Spanish adolescents, analyzing the early and late stages, although the composition in Spain is currently multi-ethnic and multi-cultural. Future studies should analyze whether the optimal parenting style is different in other ethnic and cultural minorities (Chao, 2001; Dwairy et al., 2006). Another limitation is that the answers come from adolescent children, even though there is evidence that children tend to present less social desirability than their parents (Barry, Frick, & Grafeman, 2008). Finally, this study is limited by a non-experimental methodology that does not allow us to categorically rule out the effects of third variables (Ato & Vallejo, 2007), and by its cross-sectional design, which does not allow us to draw definitive conclusions about intra-individual changes in psychosocial vulnerability. Future studies should use longitudinal data collection designs to analyze both the intra-individual changes in maladjustment throughout adolescence (from 12 to 17 years old) and the effects of intervention programs on groups, considering the adolescent period (early and late) and gender differences. Despite these limitations, this study provides a vision of adolescents' vulnerability, contextualized within the critical stage and gender, where the parents' role is essential in protecting them from the risks associated with this critical stage.

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