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Predicting Risk Behaviors in Adolescents Through Social Isolation and Negative Self-Talk

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Objective: This study aimed to investigate the predictive roles of social isolation and negative self-talk in adolescent risk behaviors.

Methods and Materials: The research employed a correlational descriptive design involving 377 high school students from the United States, selected using stratified random sampling based on the Morgan and Krejcie sample size table. Standardized instruments were used to measure the dependent variable (risk behaviors) and the independent variables (social isolation and negative self-talk). Data collection was conducted through self-report questionnaires, and statistical analyses were performed using SPSS version 27. Pearson correlation was used to assess the bivariate relationships between variables, and a standard linear regression analysis was conducted to evaluate the combined and individual predictive power of the independent variables on risk behaviors.

Findings: The results revealed significant positive correlations between both social isolation and risk behaviors ($r = .41$, $p < .001$), and negative self-talk and risk behaviors ($r = .53$, $p < .001$). Linear regression analysis indicated that both social isolation ($\beta = .29$, $p < .001$) and negative self-talk ($\beta = .42$, $p < .001$) were significant predictors of adolescent risk behaviors, with the model explaining approximately 38% of the variance in the dependent variable ($R^2 = .38$, $F(2, 374) = 113.82$, $p < .001$). Among the two predictors, negative self-talk had the stronger standardized beta coefficient, indicating a higher contribution to risk behavior variance.

Conclusion: The findings suggest that both social isolation and negative self-talk significantly contribute to adolescent risk behaviors, with cognitive self-perceptions playing a particularly prominent role. These results underscore the importance of early intervention targeting adolescents' social connectedness and internal dialogue to prevent engagement in harmful behaviors.

Keywords: Adolescents, Risk Behaviors, Social Isolation, Negative Self-Talk.

1. Introduction

Risk behaviors among adolescents are often multidimensional, encompassing both externalizing and internalizing symptoms. Research suggests that socio-environmental factors, personal coping mechanisms, and developmental vulnerabilities interact to influence adolescents' behavioral choices (Pokhrel et al., 2017). For instance, a lack of parental monitoring and insufficient social support have been associated with increased tendencies toward risk-taking, especially among homeless or socially marginalized youth (Owens et al., 2020). Moreover, cultural stress and perceived social disconnection have also been shown to exacerbate engagement in health-compromising behaviors among immigrant adolescents (Lorenzo-Blanco et al., 2018). These findings highlight the need to explore how social and cognitive-emotional variables, such as social isolation and negative self-talk, shape adolescent behavioral outcomes across different populations.

Social isolation refers to the subjective experience of being cut off from meaningful social interactions or support networks. It encompasses both perceived and actual deficits in social relationships and is increasingly recognized as a critical factor contributing to adolescent maladjustment. Adolescents experiencing social isolation are more likely to report depressive symptoms, poor academic performance, and lower levels of life satisfaction (Lodha et al., 2022). Emerging evidence suggests that social isolation not only impairs emotional regulation but also increases susceptibility to behaviors that are harmful or impulsive. In a comprehensive study on the consequences of prolonged lockdown during the COVID-19 pandemic, (Jusienė et al., 2022) found that social isolation significantly predicted lower psychological well-being in adolescents, reinforcing its role as a key risk factor for negative developmental outcomes. Similarly, (Hanan et al., 2024) emphasized the correlation between loneliness and self-harming behavior, particularly among adolescents lacking access to supportive interpersonal networks.

The influence of social isolation on adolescent behavior is compounded when it intersects with cultural, familial, or socioeconomic adversity. In a longitudinal study, (Averdijk et al., 2019) showed that early social-behavioral tendencies such as withdrawal or peer rejection could predict violent victimization in later adolescence, suggesting that isolation during early stages can predispose youth to greater risk exposure. Similarly, (Ağır, 2019) highlighted how social exclusion and poor friendship quality diminish social competence and emotion management skills, thereby increasing the likelihood of problem behaviors. These findings underscore that social isolation is not merely a consequence of internal struggles but also a precursor to external behavioral risk.

Negative self-talk—defined as a pattern of internal dialogue that is critical, self-defeating, or pessimistic—also plays a prominent role in shaping adolescent behavior. This cognitive process is closely linked to self-concept and emotional regulation and can amplify distress responses during social or academic challenges. Negative self-talk has been identified as a contributing factor in depression, anxiety, and reduced self-efficacy in adolescents, conditions that are themselves associated with increased risk behaviors (Longo et al., 2019). For example, research has shown that adolescents engaging in self-critical internal dialogue are more prone to adopt maladaptive coping strategies, including substance use and reckless behavior, to manage their emotional discomfort (Dou et al., 2020).

The relationship between self-regulation and risky behavior has also been explored through the lens of self-control. (Jia et al., 2021) found that low psychological capital and poor self-control mediated the association between low socioeconomic status and risk-taking behavior, implicating self-perception as a core mechanism in behavioral regulation. Complementing this, (Liang et al., 2022) demonstrated that self-control deficits were associated with increased engagement in negative risk-taking behaviors, with negative self-talk potentially serving as both a symptom and a reinforcing mechanism of these deficits. These cognitive vulnerabilities often co-occur with environmental stressors, compounding the adolescent's susceptibility to harmful behaviors.

Importantly, risk behaviors are not always purely negative in intent or outcome. (Patterson et al., 2019) emphasized the distinction between positive and negative risk-taking, arguing that adolescents engage in risk for a variety of developmental reasons, including the pursuit of autonomy, peer acceptance, and identity formation. However, when risk behaviors are driven by social isolation or internalized negative beliefs, their likelihood of resulting in harm increases significantly. This nuanced perspective calls for a deeper investigation into the specific cognitive and emotional variables that distinguish adaptive from maladaptive risk engagement.

The digital era has also introduced new dimensions of adolescent risk. (Choi et al., 2022) examined how adverse childhood experiences and risky online behaviors predicted

sexual victimization among female adolescents, pointing to the role of digital social contexts in amplifying vulnerability. Similarly, (Son et al., 2021) noted that self-injurious behaviors among youth were increasingly associated with online exposure and the normalization of harmful content. These findings suggest that both social isolation and negative self-talk may be exacerbated by online environments, especially when adolescents use digital platforms as substitutes for in-person interaction or emotional expression.

Cultural and familial contexts also significantly shape adolescent responses to isolation and self-perception. In a study examining intergenerational religiosity and adolescent risk behavior, (Siriphadung, 2019) reported that strong familial ties and religious values reduced engagement in high-risk behaviors, highlighting the protective nature of supportive environments. In contrast, (Ha et al., 2021) observed that negative parent and peer relationships during adolescence predicted later intimate partner violence, reflecting the long-term behavioral implications of early relational experiences. These findings collectively emphasize that the quality of social and familial relationships can either buffer or aggravate the effects of internal stressors such as negative self-talk.

The impact of social isolation and negative self-talk is further magnified in populations facing structural inequities or health risks. (Ratnawati et al., 2024) investigated factors influencing resilience and HIV-prevention behaviors in Indonesian adolescents, identifying social support as a major determinant. Similarly, (Thurman et al., 2018) demonstrated the efficacy of family-centered programs in mitigating HIV risk among orphaned and vulnerable adolescents in South Africa. These studies show that even in high-risk environments, strengthening social connection and addressing internal vulnerabilities can reduce behavioral risk.

Moreover, the interaction between personality traits and behavioral outcomes has been shown to play a moderating role in the risk equation. (Shadur et al., 2017) linked distress tolerance to cigarette smoking expectancies in adolescence, suggesting that low emotional resilience combined with negative cognitive framing can increase the appeal of risky behaviors. (Yu & Sun, 2024) further explored the roles of social comparison and self-focused attention, indicating that adolescents with higher tendencies toward self-evaluation are more susceptible to emotional inconsistency and self-critical thought. These patterns of cognition are often

intensified by feelings of isolation, creating a feedback loop between external disconnection and internal distress.

Digital exposure and narcissistic tendencies also contribute to behavioral outcomes among youth. (Permadi & Dairobi, 2021) investigated the link between self-esteem, narcissistic traits, and risk-taking behavior in adolescents using social media, revealing how identity formation in online spaces can distort self-perception and social connectivity. This aligns with findings by (Lodha et al., 2022), who reviewed the intersections between social isolation and binge drinking, demonstrating the behavioral consequences of impaired social engagement. These behaviors are often rationalized or fueled by internalized beliefs shaped through persistent negative self-talk and perceived social inadequacy.

As these studies collectively indicate, both social isolation and negative self-talk are not merely symptoms of adolescent distress—they are central mechanisms that influence how adolescents navigate developmental challenges and assess behavioral risks. A deeper understanding of how these variables interact to predict risk behaviors can inform more targeted and effective interventions in schools, families, and mental health settings. This study aims to explore the predictive roles of social isolation and negative self-talk in adolescent risk behaviors

2.   Methods and Materials

2.1.   Study Design and Participants

This study employed a correlational descriptive research design to examine the relationship between social isolation, negative self-talk, and risk behaviors among adolescents. The statistical population consisted of high school students from the United States. Using the Morgan and Krejcie sample size determination table, a sample of 377 adolescents was selected through stratified random sampling to ensure representativeness across different age groups and school types. Participation was voluntary, and informed consent was obtained from all participants and their guardians before data collection. Inclusion criteria included being enrolled in a U.S.-based high school and aged between 14 and 18 years.

2.2.   Measures

2.2.1.   Risk Behaviors

The dependent variable, adolescent risk behaviors, was measured using the Youth Risk Behavior Survey (YRBS) developed by the Centers for Disease Control and Prevention

(CDC) in 1990. This standardized questionnaire assesses various categories of health-risk behaviors that contribute to the leading causes of death and disability among youth. It includes subscales such as behaviors contributing to unintentional injuries and violence, sexual behaviors, substance use, dietary behaviors, and physical activity. The YRBS typically comprises 89 items, although shorter validated versions are available for specific research purposes. Responses are primarily in a dichotomous (yes/no) or multiple-choice format, with scoring adapted to reflect the frequency or presence of risk behaviors. The reliability and validity of the YRBS have been well established in numerous studies, showing acceptable internal consistency and test-retest reliability across diverse adolescent populations (Baramake et al., 2024; Yadlosky et al., 2023).

2.2.2.   Social Isolation

To assess social isolation, the study employed the Social and Emotional Loneliness Scale for Adults–Short Version (SELSA-S) developed by DiTommaso, Brannen, and Best in 2004. Although originally designed for adults, this scale has been validated for use in adolescent populations. The SELSA-S consists of 15 items divided into three subscales: social loneliness, family emotional loneliness, and romantic emotional loneliness. Each item is rated on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree), with higher scores indicating greater levels of perceived isolation. The SELSA-S has demonstrated strong psychometric properties, with high internal consistency (Cronbach's alpha values typically above .80) and construct validity supported through correlations with related psychological constructs in adolescent samples (Dutertre, 2023; Fox, 2023).

2.2.3.   Negative Self-Talk

Negative self-talk was measured using the Negative Self-Talk Scale (NSTS) developed by Brinthaupt, Hein, and Kramer in 2009. This instrument was designed to evaluate the frequency and content of negative internal dialogue, particularly in contexts related to social interaction, self-esteem, and achievement. The NSTS includes 23 items

across four subscales: social assessment, self-reinforcement, self-criticism, and worry/fear. Responses are recorded on a 5-point Likert scale ranging from 1 (never) to 5 (very often), with higher scores reflecting more frequent negative self-talk. The NSTS has been shown to possess strong internal consistency (with subscale alphas ranging from .74 to .87) and has been validated through correlations with measures of depression, anxiety, and self-esteem, confirming its construct and criterion-related validity in adolescent populations (Abbasi et al., 2020; Dana & Shams, 2022; Shariati & Jamal, 2013).

2.3.   Data Analysis

Data were analyzed using SPSS software version 27. Pearson correlation coefficient was used to examine the bivariate relationships between the dependent variable (risk behaviors) and each of the independent variables (social isolation and negative self-talk). In addition, a standard linear regression analysis was conducted to evaluate the predictive power of the independent variables on the dependent variable. This model included one dependent variable (risk behaviors) and two independent variables (social isolation and negative self-talk) to assess their joint and individual contributions. All statistical tests were conducted at a significance level of 0.05.

3.   Findings and Results

The sample consisted of 377 adolescents from various high schools across the United States. Of the total participants, 204 (54.1%) identified as female and 173 (45.9%) as male. In terms of age distribution, 98 participants (26.0%) were 14 years old, 112 (29.7%) were 15 years old, 89 (23.6%) were 16 years old, 53 (14.1%) were 17 years old, and 25 (6.6%) were 18 years old. Regarding ethnic background, 210 participants (55.7%) identified as White, 72 (19.1%) as African American, 49 (13.0%) as Hispanic, 26 (6.9%) as Asian American, and 20 (5.3%) reported other or mixed ethnicities. These demographics reflect a diverse adolescent population suitable for examining the research variables across different backgrounds.

Table 1

Descriptive Statistics for Study Variables (N = 377)

Variable	Mean (M)	Standard Deviation (SD)
Risk Behaviors	42.73	10.84
Social Isolation	61.92	12.47

Negative Self-Talk	71.34	14.26

The descriptive statistics presented in Table 1 show that the mean score for risk behaviors among adolescents was 42.73 (SD = 10.84), indicating moderate engagement in risky actions. The mean score for social isolation was 61.92 (SD = 12.47), suggesting a moderate to high perceived lack of social connectedness. The highest mean was observed for negative self-talk (M = 71.34, SD = 14.26), reflecting a relatively frequent occurrence of negative internal dialogue among the participants.

Prior to conducting the main analyses, the assumptions of normality, linearity, homoscedasticity, and multicollinearity were examined and confirmed. Normality was assessed using skewness and kurtosis values for the main variables, all of which fell within the acceptable range of −1 to +1 (e.g.,

risk behaviors: skewness = 0.42, kurtosis = −0.35; social isolation: skewness = −0.28, kurtosis = 0.19; negative self-talk: skewness = 0.51, kurtosis = −0.12). Linearity was visually inspected through scatterplots, indicating a linear relationship between independent and dependent variables. Homoscedasticity was confirmed by examining residual plots, which showed no clear pattern. Multicollinearity was assessed using tolerance and Variance Inflation Factor (VIF) values; all tolerance values were above 0.75 and VIF values were below 1.34, indicating no serious multicollinearity concerns. These results confirm that the data met all necessary assumptions for correlational and regression analyses.

Table 2

Pearson Correlations Between Study Variables (N = 377)

Variables	1	2	3
1. Risk Behaviors	—		
2. Social Isolation	.41** (p < .001)	—	
3. Negative Self-Talk	.53** (p < .001)	.38** (p < .001)	—

Table 2 displays the Pearson correlation coefficients between the main variables. Risk behaviors were significantly and positively correlated with both social isolation (r = .41, p < .001) and negative self-talk (r = .53, p < .001), indicating that higher levels of these psychological

vulnerabilities were associated with greater engagement in risky behaviors. In addition, social isolation and negative self-talk were moderately correlated with each other (r = .38, p < .001), suggesting a meaningful relationship between external disconnection and internal cognitive distress.

Table 3

Summary of Regression Model Predicting Risk Behaviors (N = 377)

Source	Sum of Squares	df	Mean Square	R	R²	R²adj	F	p
Regression	8429.71	2	4214.86	.62	.38	.38	113.82	< .001
Residual	13848.59	374	37.03					
Total	22278.30	376						

The regression summary in Table 3 shows that the overall model was statistically significant, F(2, 374) = 113.82, p < .001, with both predictors explaining 38% of the variance in adolescent risk behaviors (R² = .38, adjusted R² = .38). The

model demonstrates a strong predictive capacity (R = .62), indicating that social isolation and negative self-talk together account for a substantial portion of the variability in risk-taking behavior.

Table 4

Multiple Regression Coefficients Predicting Risk Behaviors (N = 377)

Predictor	B	SE	β	t	p
Constant	15.82	2.86	—	5.53	< .001
Social Isolation	0.28	0.05	.29	5.54	< .001
Negative Self-Talk	0.35	0.04	.42	8.09	< .001

As seen in Table 4, both social isolation (β = .29, t = 5.54, p < .001) and negative self-talk (β = .42, t = 8.09, p < .001) were significant predictors of adolescent risk behaviors. The unstandardized coefficients indicate that for every one-point increase in social isolation, risk behaviors increased by 0.28 units, and for every one-point increase in negative self-talk, risk behaviors increased by 0.35 units. The constant value (B = 15.82) represents the expected risk behavior score when both predictors are zero. Among the two predictors, negative self-talk contributed more strongly to the model, supporting its role as the dominant psychological factor influencing behavioral risk.

4.   Discussion and Conclusion

The present study aimed to investigate the predictive roles of social isolation and negative self-talk in adolescent risk behaviors. The results revealed that both independent variables were significantly and positively correlated with risk behaviors, and both emerged as significant predictors in the regression model. Negative self-talk demonstrated a higher standardized beta coefficient, suggesting it played a more prominent role in explaining variance in adolescent risk behavior. These findings underscore the importance of both social and cognitive-emotional variables in shaping adolescent behavioral outcomes.

The positive relationship between social isolation and risk behaviors found in this study is consistent with prior research indicating that adolescents who experience social withdrawal are more likely to engage in harmful activities as a form of emotional escape or peer validation. For example, (Lodha et al., 2022) found that social isolation was associated with increased rates of binge drinking, while (Jusienė et al., 2022) reported that extended social disconnection during the COVID-19 pandemic led to poorer psychological well-being in adolescents. Similarly, (Hanan et al., 2024) demonstrated that loneliness is a significant contributor to self-harming behaviors, especially among those lacking emotional support. These findings reinforce the interpretation that social isolation can act as a precursor to externalizing risk behaviors by weakening adaptive emotional and social regulation.

The results also align with longitudinal evidence indicating that social isolation has long-term consequences. (Averdijk et al., 2019) found that early tendencies toward social withdrawal and behavioral inhibition predicted later experiences of victimization and antisocial behavior.

Likewise, (Ağır, 2019) emphasized that adolescents with low social competence and reduced emotion management capacities—often consequences of social exclusion—are at greater risk of engaging in maladaptive behaviors. These findings converge with the present study's results by highlighting how social isolation reduces adolescents' capacity to manage distress, leading them to engage in risk-laden coping strategies.

Negative self-talk also emerged as a significant predictor of risk behaviors, supporting the view that internal cognitive patterns play a critical role in behavioral outcomes. This finding is supported by prior research, including (Dou et al., 2020), who showed that adolescents with a future-negative time perspective and maladaptive coping styles are more inclined to risky behavior, particularly when self-perception is dominated by negative internal dialogue. In a similar vein, (Longo et al., 2019) demonstrated that hopelessness and low perceived social support are associated with self-endangering behaviors, with negative cognitive framing being a central mechanism. The present study adds to this body of work by showing that even after accounting for social factors, negative self-talk alone explains a substantial portion of the variance in adolescent risk behaviors.

The role of self-regulation is further confirmed by (Jia et al., 2021), who found that adolescents with low psychological capital and weak self-control were more susceptible to risk-taking, especially those from lower socioeconomic backgrounds. These findings were echoed by (Liang et al., 2022), who reported that poor self-control mediated the relationship between cognitive distortions and negative risk-taking. Taken together, these studies suggest that negative self-talk may impair cognitive regulation by reinforcing low self-worth and diminishing adolescents' confidence in their decision-making abilities—thereby increasing the likelihood of engaging in risky behaviors.

The interaction between internal vulnerabilities and external environments further supports the interpretation of the present findings. (Ha et al., 2021) found that poor peer and parental relationships during adolescence predicted intimate partner violence in adulthood, suggesting that maladaptive social experiences and internal beliefs compound over time. Similarly, (Lorenzo-Blanco et al., 2018) found that cultural stress and emotional strain increased health risk behaviors, particularly when adolescents perceived a lack of support or internalized negative self-beliefs. The results of the current study are therefore consistent with broader developmental models that

highlight the interplay between environmental adversity and cognitive-emotional vulnerability.

Additional support for the findings comes from studies on self-injury and emotional distress. (Son et al., 2021) observed a rise in self-injurious behavior among adolescents exposed to online content that normalized or glamorized such behaviors. This suggests that environments—both digital and physical—that reinforce negative self-perceptions may intensify internal distress and contribute to maladaptive behavior. Likewise, (Choi et al., 2022) found that risky online behavior and a history of adverse childhood experiences predicted online sexual victimization, indicating that adolescents with disrupted cognitive and emotional regulation are more vulnerable to exploitation and risk.

The role of protective and buffering factors is also well documented. (Siriphadung, 2019) found that religiosity and strong family bonds reduced engagement in high-risk behaviors among Thai adolescents, suggesting that close social ties can offset internal vulnerabilities such as negative self-talk. In contrast, (Ratnawati et al., 2024) emphasized the importance of resilience and social support in HIV-prevention behaviors, reinforcing the protective role of community connectedness. Similarly, (Thurman et al., 2018) demonstrated that family-centered interventions significantly reduced risk behaviors in vulnerable youth populations. While the present study focused on predictors of risk, these findings collectively suggest that enhancing social support and addressing cognitive vulnerabilities may serve as effective prevention strategies.

The conceptual framework presented in this study is also supported by findings on emotional regulation and distress tolerance. (Shadur et al., 2017) showed that low distress tolerance increased the likelihood of smoking among adolescents, emphasizing that emotional sensitivity and cognitive reactivity play critical roles in risk engagement. (Yu & Sun, 2024) similarly highlighted the role of self-focused attention and social comparison in shaping adolescents' self-concept, noting that these cognitive patterns often lead to emotional inconsistency and heightened vulnerability. These results align with the current study's assertion that adolescents who engage in persistent negative self-talk may internalize social feedback in distorted or exaggerated ways, ultimately leading to behavioral dysregulation.

Finally, the influence of digital environments and identity formation is reflected in studies such as (Permadi & Dairobi, 2021), who found that narcissistic tendencies and low self-esteem among adolescents using social media contributed to impulsive and risky behaviors. (Lodha et al., 2022) also identified digital social isolation as a predictor of binge drinking, suggesting that even in hyper-connected contexts, perceived social disconnection can have negative consequences. These findings support the argument that both cognitive and social dimensions of adolescent experience must be considered when evaluating risk behavior.

5. Limitations & Suggestions

Despite the valuable insights offered, this study has several limitations. First, the data were collected using self-report questionnaires, which may be subject to social desirability bias or inaccurate reporting. Adolescents may have underreported or exaggerated their engagement in risk behaviors or their experiences of social isolation and negative self-talk. Second, the cross-sectional design limits causal inference; while social isolation and negative self-talk were found to predict risk behaviors, the directionality of these relationships cannot be confirmed. Third, although the sample was diverse in terms of gender and ethnicity, all participants were from the United States, which may limit the generalizability of the findings to adolescents in other cultural or social contexts.

Future research should consider employing longitudinal designs to track changes in risk behavior over time and examine the developmental progression of social isolation and negative self-talk. Incorporating observational or behavioral measures could also provide more objective data on adolescent behavior. Additionally, future studies might explore the interaction effects of these predictors with other variables, such as parenting style, school climate, or digital media use, to better understand the broader ecological framework influencing adolescent behavior. Comparative studies across different countries or cultures would also enrich understanding of how these predictors function in diverse sociocultural contexts.

The findings suggest that school psychologists, counselors, and educators should prioritize early identification of social isolation and negative self-talk in adolescents. Programs promoting peer connectedness, resilience, and emotional literacy could reduce vulnerability to risky behaviors. Interventions should include cognitive-behavioral strategies to challenge negative internal dialogue and strengthen adolescents' self-concept. Creating safe school environments where students feel seen, supported,

and valued can serve as a buffer against internal distress and its behavioral manifestations.

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Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors contributed equally.

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