

## Spirituality in Adolescent Decision to Use Drugs: A Review of the Literature and Theory.

Margot Trotter Davis

Heller School for Social Policy and Management  
Brandeis University

The Federal Government is entering into a new relationship with religious organizations that is sparking much controversy. In 2001, newly elected President Bush implemented the Faith Based Initiative in which federal dollars are granted to faith organizations to provide services such as drug rehabilitation, literacy, and AIDS intervention. In theory it mirrors Lyndon Johnson's Great Society of the 1960s, in which a bottom-up approach to solving social ills was promoted. The model was expanded in 1996 when the Welfare Reform Act included a "charitable choice" provision that permitted states to fund faith-based organizations to help mothers return to work. Progressively, the federal government is asking religious institutions to partner in caring for the most needy. But do the religious-based organizations have greater success than other non-profit and governmental agencies? Some research suggests otherwise. In a study of Boston's Ten Point Coalition the significant variable of success was a partnership between community and police as opposed to religious exposure (Berrie & Winship 1999). Even the former head of the faith based initiative, John DiIulio (2000), wrote that, we do not really know whether these faith-based programs, or others like them, outperform their secular counterparts."

This paper examines adolescent drug use and spirituality in order to begin a discussion of the merits of the faith-based initiative. As with most of social science research, the association between variable and outcome is rarely a direct causal connection and adolescent substance use is no exception. The literature has identified attributes other than religion that differentiate those teens that have healthier outcomes from others; for instance, research indicates that family support is a protective measure against substance abuse (Resnick 1993). Environmental factors such as the ease with which one can obtain substances, school culture, and peer identification are indicators for initiation to drug use (Duncan & Petrosa 1994). Current investigations into the link between religion and drug use has a foundation in findings gleaned from the medical field that finds positive association between states of wellness and individual belief systems (Chappel 2003), and we are seeing more published reports on the adolescent experience.

With federal dollars currently funding faith-based drug programs, it is important to understand the connection between faith and behavior. If the theoretical principle of the faith-based initiative is that a provider who has a religious orientation is better equipped to guide a teen into more responsible behavior, policy makers need to answer two questions. What is the relationship between an adolescent's belief system and the decision to use drugs and alcohol, and is faith a necessary aspect of recovery? If we discover that the beliefs of the provider or the adolescent user are of no consequence in decision-making, then the need to target faith programs with federal dollars disappears.

## Why focus on adolescents?

If “Adolescence” was a film instead of a developmental stage, the reviewers would call it, “a psychological revolution” (Erikson 1963), “thinking in a new key...with a formidable array of stress,” (Elkind 1984), “perfectly charming” (Nabokov 1955). Our society sends messages to teens that they are simultaneously mini-adults (driving and military eligibility) and mere youths (drinking laws), and therefore, they develop an uneasy tension with political and social structures. Erickson (1963) captures the essence of these years with the observation that it is a time of intense interaction with people and ideas, of passionate friendships and experimentation where one feels freed from its consequence. In addition to the ambiguous role they have in society, developmentally, adolescents are at high risk for substance abuse. The National Household Survey on Drug Abuse estimates that youths aged 12 to 17 constitute two-thirds of the new marijuana users with young adults (to age 25) constituting the rest (SAMHSA 2000). The same study reveals that almost 35% of underage youths have had alcohol in the past month. Experimentation at this age may be normative but abuse is not (Duncan & Petosa 1994) and there is an imperative for social policy to make a positive impact on this critical age group.

## What is spirituality/religiosity?

Definitions are needed. Studies tend to use the terms interchangeably while recognizing that in many respects they have different measurements. Religion refers to a formal structured way individuals in groups gather to worship God. A dictionary definition is, “a system of thought, feeling, and action that is shared by a group and that gives the members an object of devotion; a code of behavior by which individuals may judge the personal and social consequences of their actions; and a frame of reference by which individuals may relate to their group and their universe” (Columbia Encyclopedia 2003). Empirical measures in social science research that capture the religious involvement include: frequency of church attendance, holidays celebrated, and leadership roles in the synagogue. Studies with these measurements hope to link intentional behavior with pro-social outcomes, such as drug abstinence.

Spirituality is an individual’s personal relationship to God, as that person understands God to be. It can be marked by skepticism, belief, denial, any or all of which can be expected to affect one’s overall relationship to the world (Fosarelli 2003). Another definition of spirituality is, “the personal quest for understanding answers to ultimate questions about life, about meaning, and about relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of community” (Koenig 2000). Measures of spirituality include: belief that events in life unfold according to a divine or greater plan, feelings of deep inner peace and harmony, and desire to be closer to or in union with God (Fetzer Institute 1999). Studies using these measurements hope to link mental and emotional constructs of the divine with pro-social outcomes.

## What the literature says

Most articles find a positive link between religiosity and health outcomes. In studies of violence, adolescent attendance at religious services decreased the rate of violent acts (Herrenkohl et al 2003). They explain that the vulnerable but resilient children benefit from the social support they received from adults in a religious context. Other authors agree that a congregation

“provides their members with a continuous opportunity to observe, learn, and practice the skills of community life and leadership” (Smith 2003). A study of adolescent health indicators showed that religious beliefs have a strong influence on whether adolescent girls have sex, and have a minor effect on boys' decisions (Meier 2003). A meta-analysis of studies linking religiosity and mortality reviewed 42 independent samples and determined that religious involvement is significantly associated with lower mortality (McCullough et al 2000). Those who pray seem to live longer. These studies argue that a religious commitment in life is associated with lower rates of crime and drug use. A meta-analysis of 498 studies that examined the relationship between religion and eight measures of health outcomes (hypertension, mortality, depression, sexual behavior, suicide, delinquency, and alcohol and drug use) concludes that there is a strong association between religious practices and reduced health risks (Johnson 2002).

At the turn of the last century the philosopher William James took a scientific interest in religion and wrote a seminal book *The Varieties of Religious Experience*. Although the biological base of addiction was decades away from scientific discovery, his words are prophetic. “The sway of alcohol over mankind is unquestionably due to its power to stimulate the mystical faculties of human nature, usually crushed to earth by the cold facts and dry criticisms of the sober hour” (James 1997). Building on the literature of religiosity, George Valliant, who is one of the early researchers in addiction, found that adults who have stopped using drugs and alcohol often attribute their sobriety to a reawakened spiritual orientation (Valliant 1995). Studies specific to teens and drug use show that spirituality is a protective factor (Hawkins, et al 1992), and that adolescents who claim a religious orientation are half as likely to use substances (Miller, et al 2000). Adolescents who are active religiously, regardless of whether their church specifically advocates against drug and alcohol use, tend to consume less alcohol and smoke less marijuana than adolescents not involved in religious activities (Acheampong et al 1986). In a study of 217 teens, alcohol and drug use decreased as attendance at religious services increased (Pullen et al 1999). Some argue that the religious factor is more important in girls than boys (Sydnor et al 2003). The adolescent period truly is the fork in the road, and the role that spirituality plays in the addictive process is important to understand.

One can imagine Washington based policy analysts using these studies to defend the role of federally funded faith initiatives, but an alternative perspective is available as well. In most of the studies, the author acknowledges a correlation between variables but falls short of proclaiming the dependent variable. It is possible that an adolescent who makes healthy decisions also finds religion meaningful. It is possible that religious observation makes a teen unlikely to use drugs. It is also possible that a third yet unidentified variable is responsible for both inspiring a spiritual orientation and healthy decision-making.

A second reason to curb the appetite of faith-based enthusiasts is that studies lack a long-term association between drug use and religiosity. Due to the repetitive relapse nature of abuse and addiction, longitudinal studies are important to discover effects over time. Other authors caution not to become overly optimistic about positive associations between religiosity and healthier life style. Although spirituality is commonly thought to have palliative results, there are negative aspects as well. Many studies show an inverse relationship between religiosity and suicidality (Donohue 1995), and levels of depression (Wright 1993). Roger Levesque (2002) in his book, *Not By Faith Alone*, argues that adolescent search for meaning does not always serve them or society well. All religious doctrine is not equitable for the welfare of all citizens in society. He points out that violence against homosexuals and racial/ethnic harassment are often linked to how individuals interpret religious doctrine. Teens who are outside of their mainstream peer groups by virtue of sexual orientation, color or any other attribute, can feel alienated from

religious doctrine that imposes a code of ethical behavior that is different from their personal experience. In some cases it is difficult to square the behaviors of clergy with the doctrine under which they live.

In a review of the literature, Linda Chatters (2000) finds that religion may be associated with negative health outcomes such as inappropriate use of health services and poorer mental and physical health. Rigidly religious families whose harsh parenting practices border on abuse have been linked with clinical problems. Children in families where enmeshment, rigidity and harshness were practiced harbored negative images of God. Some groups encourage exclusive treatment of mental health and emotional issues by clergy or members of one's own faith, disregarding professional expertise. She also cautions about expectations people have about the role of congregational life. If a bereaved widow expects support from members of the congregation and fails to receive it, it can be an additional source of distress, on top of the physical loss of a loved one. Some forms of worship encourage negative coping (guilt, shame, anxiety) and adherents tend to view the world as threatening (Pargament et al 1992). Adolescents, who are at odds with dominant society and are receiving negative messages from the faith organizations, may turn to ready forms of escape, such as substance abuse.

## Theories

Spirituality may be especially important in the adolescent search for self-awareness, meaning, and life purpose, but how does it change behavior? Three theoretical frameworks help to make that link.

Fowler (1995) developed a typology of spiritual evolution he calls Stages of Faith. As children approach adolescence they begin to think abstractly and to try on new persona. As teens interact with peers from other faiths or other denominations, they begin to synthesize what they learn from the different experiences that raise inevitable questions about one's own background. They wonder, for instance, why God permits suffering on such a large scale and why there is so much evil in the world (Fosarelli 2003). These questions can remain for years and often are never adequately reconciled. Children whose self-worth and ego strength are sustained by religious tenets which reinforce the notion that they are loved by God, face particular difficulty in adolescence as they become aware of world events and what God "allows" to happen. On one hand, faith can hold an adolescent accountable to norms of tradition. On the other, it can alienate the growing skeptic from socially approved standards. This argues for a close search for the connection between faith and deviance.

Systems theory may help frame the struggle that adolescents experience regarding spiritual identity. Bowen's (1978) theory asserts that one's interpersonal contexts or systems influence the developing self. The "I" differentiates and defines the self in relation to family and in this case religious context. Differentiation occurs as one separates from a fused environment of reliance on primary source of nurturance, the family system, to one's own distinctiveness. Stress on the system shakes existing patterns of sameness. Cognitive objectivity both induces the stresses and promotes the healthy separate self. On the spiritual dimension, the self turns and connects to God (Richardson 1987).

Some models map biological changes to describe a child's uneasy adjustment to adolescence. The components of behavior are a result of hormonal changes, including executive cognitive dysfunction, difficulties with planning and attention, self-monitoring and abstract reasoning (Weinberg 1998). The biological models use a deficit framework where the adolescent who is at high-risk for deviant behavior lacks essential attributes. Using this framework some

researchers are investigating brain activity to answer the question if adolescents are hardwired to seek spiritual enlightenment. They report that the adolescent search for meaning is explained, in part, by neuroscience. The brain regions that are activated during religious experiences, such as the prefrontal cortex, are also among the regions that undergo significant developmental change during adolescence (Institute for American Values 2003). If spirituality is a neurological response, even the most persuasive faith organization would be ill-equipped to recruit the adolescent drug user.

To date there are no studies that attempt to answer questions about how religiosity may affect decisions about drug use in adolescents. If there is a pattern of conduct that demonstrates the value of religion in decision-making, the world-view that directs and informs the potential user is important to capture and explore. The field needs to move from an empirical count of positive health outcomes into an analysis of how a spiritual orientation makes one group of teens different from another. An analysis of the marginal benefits of an additional visit to a place of worship is not as useful as a qualitative study that builds theory about how the adolescent experiences that visit. The faith-based initiative may be on target, but if not, the federal government is expending a great deal of resources on building false hope.

## Conclusion

Given the remarkable positive effects that studies suggest, why not implement more policies like the faith-based initiative? Studies that are reviewed in this paper do suggest a strong correlation between religion/spirituality and positive life style, but caution should be exercised on three accounts. One is that the statistical direction of the influence is not tested, and another is that religion is also known to have negative effects on individuals and civil society. The third regards constitutional grounds of separation of church and state that are yet to be fully tested in the courts. This paper addresses the first two concerns and the third demands a thorough analysis of case law. The current administration is unlikely to disband the Faith-Based Initiative, but continued research into the effects of religious doctrine on behavior will inform the providers and the public about its usefulness.

The role of spirituality in adolescent drug use is a complicated subject that stretches into other disciplines. The literature borrows from developmental and decision theories. Systems and psychodynamic theories and critical race theory may explain some of the adaptations adolescents make to accommodate peer friendships. Explorations into the transcendent are endeavors destined to be different from brain activity research but important in other ways. Group religious effects may be different than the effect on the individual, and if this is so, public health and social policy initiatives should target interventions accordingly. There seems to be a surge of interest in spirituality. The substance abuse field is positioned to take full advantage of the new perspectives and information that results.

## Bibliography

- Acheampong, Yaw, Amoateng, Bahr S (1986). Religion, Family, and Adolescent Drug Use. *Sociological Perspectives*, 29, 53-76.
- Berrie J, Winship C.(1999). Lessons Learned from Boston's Police Community Collaboration. *Federal Probation*: LXIII:2.
- Bowen M. (1978) *Family Therapy in Clinical Practice*. Northvale, NJ: James Aronson.

- Chappel, J (2003). Spirituality and the Recovery Process. *Principles of Addiction Medicine Third Edition*. American Society of Addiction Medicine. Graham, A et al Eds.
- Chatters L (2000). Religion and Health: Public Health Research and Practice. *Annual Review Public Health, 21*, 335-67.
- The Columbia Encyclopedia, 6th ed. New York: Columbia University Press, 2003.  
www.bartleby.com/65/. [February 3, 2004].
- DiIulio J (2000). Godly People In the Public Square. Review, *The Public Interest*, 110-115.
- Donahue M (1995). Religion and the Well-being of Adolescents. *Journal of Social Issues, 51*, 145-160.
- Duncan DF, Petrosa R (1994). Social and Community Factors Associated With Drug Use and Abuse Among Adolescents. In TP Gullotta, GR Adams, R Montemayor (Eds.), *Substance Misuse in Adolescence*. Sage Publications: Thousand Oaks, CA. p.56.
- Elkind D.(1984). *All Grown Up & No Place To Go*. New York, Addison-Wesley.
- Erickson, E (1963). *Childhood and Society, Second Edition*. New York, WW Norton & Company, Inc.
- Fetzer Institute/National Institute on Aging Working Group (1999). Multidimensional Measurement of Religiousness/Spirituality for Use in Health Research. Kalamazoo, MI John E. Fetzer Institute.
- Fosarelli P. (2003) Children and the Development of Faith: Implications for Pediatric Practice. *Contemporary Pediatrics, 20*, 85-93.
- Fowler J. (1995) *Stages of Faith*. New York, HarperCollins.
- Hawkins JD, Catalano RF, Miller JY (1992). *Communities That Care: Action for Drug Abuse*. San Francisco: Jossey-Bass.
- Herrenkohl T, Hill K, Chung IJ, Guo J, Abbott R, Hawkins D. (2003). Protective Factors Against Serious Violent Behavior in Adolescence: a Prospective Study of Aggressive Children. *Social Work Research, 27*, 179-192.
- Institute for American Values (2003). *Hardwired to Connect. The New Scientific Case for Authoritative Communities*. Report to the Nation from the Commission on Children at Risk.
- James W.(1997). *Varieties of Religious Experience*. New York: Touchstone Press, p. 304.
- Johnson BR (2001). A Better Kind Of High: How Religious Commitment Reduces Drug Use Among Poor Urban Teens. Report 2001-2. University of Pennsylvania: Center for Research and Urban Civil Society.
- Johnson BR (2002). Objective Hope Assessing the Effectiveness of Faith-Based Organizations: A review of the Literature. Center for Research on Religion and Urban Civil Society Report.
- Koenig HG, McCullough M, Larson DB (2000). *Handbook of Religion and Health*, New York: Oxford University Press.
- Levesque R. (2002). *Not By Faith Alone*. New York. University Press.
- McCullough, M.E., Hoyt, W.T., Larson, D.B., Koenig, H.G., & Thoresen, C.E. (2000). Religious involvement and mortality: A meta-analytic review. *Health Psychology, 19*, 211-222.
- Meier A.(2003) Strong Religious Views Decrease Teens Likelihood of Having Sex. *Social Forces* March 2003.
- Miller L, Davis M, Greenwald S (2000), Religiosity and Substance Use and Abuse Among Adolescents in the National Co-morbidity Survey. *Journal of the American Academy of Child and Adolescent Psychiatry, 39*, 1190-1197.
- Nabokov V, (1955). *Lolita*. New York, Vintage International, Second ed, June 1997.
- Pargament K, Smith B, Koenig H, Perez L,(1998). Patterns of Positive and Negative Coping With Major Life Stressors. *J. Sci. Stud. Relig., 37*, 710-24.

- Pullen L; Modrcin-Talbott MA; War WR; Muenchen R.(1999). Spiritual High vs High on Spirits: Is Religiosity Related to Adolescent Alcohol and Drug Abuse? *J Psychiatric and Mental Health Nursing*, 6, 3-8.
- Resnick MD; Harris LJ; Blum RW.(1993). The Impact of Caring and Connectedness on Adolescent Health and Well-being. *J of Pediatrics and Child Health*, 29 Suppl 1, S3-9.
- Richardson R. (1987) Differentiation of Self as a Therapeutic Goal for the Systematic Pastoral Counselor. *Journal of Pastoral Psychotherapy*, 1, 33-45.
- Schulenberg J, Maggs JL, Steinman K, Zucker R (2001). Development Matters: Taking the Long View on Substance Abuse Etiology and Intervention During Adolescence. Chapter One in: Monti, Colby, O'Leary, (Eds) *Adolescent Alcohol and Substance Abuse*. pp. 19-57.
- Smith C. (2003). Theorizing Religious Effects Among American Adolescents. *Journal for the Scientific Study of Religion*, 42, 17-30.
- Sydnor K, Juon H, Bowie J, Ensminger M.(2003). Poverty Religiosity and Alcohol Problems over Life Course. Fetzer Institute July 10, 2003.
- Substance Abuse and Mental Health Services Administration. *Summary of Findings from the 2000 National Household Survey on Drug Abuse*. Office of Applied Studies, NHSDA Series H-13, DHHS Publication No. (SMA) 01-3549. Rockville, MD, 2001.
- Valliant G (1995) *The Natural History of Alcoholism Revisited*. Harvard University Press, Cambridge, MA. pp. 231-277.
- Weinberg N, Rahdet E, Colliver J, Glantz M (1998). Adolescent Substance Abuse: A Review of the Past Ten Years. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37:3, pp. 252-261.
- Wright L, Frost C, Wisecarver S (1993). Church Attendance, Meaningfulness of Religion and Depressive Symptomology Among Adolescents. *Journal of Youth and Adolescence*, 22, 559-568.