

Benchmark Essay: Addiction in Adolescence

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Addiction is fueled by the short-term reward that an addicted individual's chosen substance brings them (Derevensky et al., 2019). That reward may be the euphoria of a drug high, the endorphins that exercise releases, the satisfying feeling of a full stomach, or the rush of winning a high stakes round of poker. These short-term rewards result in repeated behavior despite any potential adverse consequences. Addiction can be found in the DSM-5 as "Substance-related and Addictive Disorders (Potenza, 2014). This breaks addictions into two categories: substance-related, such as alcoholism and addiction to drugs, and non-substance related or behavioral addictions, such as addiction to exercise or the internet.

The definition of addiction as a chronic and complex medical or mental illness has a long history of controversy fueled by the stigmatization of those with addictions (Olsen, 2022). Throughout history, society has blamed substance use and other addictive behaviors on individuals' personal choices and moral values. Increasingly, the medical and psychiatric communities and society as a whole are coming to accept the definition of addiction as a treatable disease with identifiable characteristics and symptoms. Critics of addiction as a disease feel that this definition leaves out personal choice and autonomy and fear that overuse of the term could lead to its misapplication.

Addiction in Adolescence

Individuals are most likely to begin abusing substances and subsequently develop a substance use disorder during adolescence (Garofoli, 2020). Considering that 90% of people with a substance use disorder began using substances before they turned 18, drug use at an early age is an important predictor of substance use disorder in later life. A combination of reward sensitivity and rash impulsivity makes the adolescent brain more prone to behaviors that can lead to

addiction. The prefrontal cortex, which is the center of the brain involved in judgement and impulse-control, does not fully develop in an individual until 25. Substance use at an early age can also physically alter the brain and further impair judgement. Besides brain function, factors such as genetics, environment, and life experiences all contribute to the development of addiction (Olsen, 2022). For example, one study found that adolescents who had experienced parental neglect were more likely to be addicted to their smart phone (Kwak et al., 2019).

According to a 2021 study by the National Institute on Drug Abuse (NIDA), substance abuse amongst adolescents is on the decline. It is thought that the COVID-19 pandemic has had an impact on the decline in substance abuse as this was the largest overall decline in substance abuse reported since the first study that NIDA completed in 1975. A concerning behavioral addiction that is on the rise amongst adolescents is an addiction to the internet, which may include an impairing engagement with video games, pornography, social media, and smart phones (Weigle, 2017). Methods that have been found effective in the treatment of substance use disorder and behavioral addictions include mindfulness and behavioral therapies. Mindfulness practices help individuals process negative emotions that may normally lead them to substance abuse and increase resilience to stress (Hosseinian & Nooripour, 2019). Cognitive-behavioral therapy has been used to treat behavioral addictions by correcting negative thought patterns that trigger addictive behaviors (Young, 2013).

While the COVID-19 pandemic has caused a decline in adolescent substance abuse, it has also seen a huge increase in opioid related deaths in my city of Richmond, Virginia. From 2019 to 2020, Richmond saw a 150% increase in fatal opioid overdoses (Graff, 2021). The majority of opioid overdoses in Richmond and the surrounding areas in 2021 were caused by fentanyl

(Dennis, 2021). City health officials say that the lack of personal connections during the pandemic has contributed to the crisis (Graff, 2021).

Spirituality and Addiction

Programs like Alcoholics Anonymous and the 12-step program were originated and inspired by Christian and spiritual ideals (Sussman et al., 2013). Abstinence from substances is also an ideal of religions like Islam and Buddhism. Spirituality has generally been found to have a positive impact on drug abuse. Being involved in a spiritual community may discourage the use of drugs by encouraging individuals to have a positive outlook on life, giving individuals the desire to help one another, and by teaching coping skills. One study concluded that spirituality mediated the overuse of and negative effects of social media (Wood, 2016).

Conclusion

Addiction is a complex chronic illness that can manifest itself in many ways. While those suffering from addiction have historically been ostracized, society is slowly coming around to a new way of understanding addiction. Adolescence is an extremely sensitive time of life in regards to addiction, and the adolescent brain is just one of many factors that may make them more susceptible to addictions (Olsen, 2022). Addiction is increasingly being treated with therapy, including those influenced by spirituality which has been proven to have a positive impact on addiction.

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Benchmark Essay: Trauma, Development, and Spirituality

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Benchmark Essay: Trauma Development, and Spirituality

The term “trauma” comes from an ancient Greek word which refers to the condition of being injured at a physical or psychological level (Schimmenti, 2018). There are many kinds of traumatic events that an individual can experience throughout the process of development, such as abuse, motor vehicle accidents, crime, medical-related trauma, or natural disasters (Kalaf et al., 2017). Experiencing physical or psychological trauma, especially during childhood, can cause significant changes in an individual, making them more vulnerable to developmental delays, long-term health problems, and mental health disorders (Schimmenti, 2018). Several factors determine the outcomes and likelihood of developmental delays after the experience of trauma. Factors like resiliency and participation in religion may have a positive buffering effect on the symptoms experienced after a trauma (Jong-Sun, 2019).

Developmental Delays Caused by Trauma

The developmental delays experienced by those who have experienced trauma may be caused by physical injury from a traumatic event, or by the psychological distress induced from witnessing or experiencing a traumatic event. Infants who are injured with pediatric abusive head trauma experience lifelong neurological impairments and developmental delays including learning disorders, epilepsy, and visual impairments (Eismann et al., 2020). One case study followed Rachel, a child survivor of a car crash who, although uninjured, was markedly changed afterward by psychological trauma (Malarbi et al., 2016). Rachel experienced frequent nightmares, bed wetting, speech difficulties, migraine episodes, and academic difficulties for many years after the crash. Some of the most common mental health disorders experienced by those who have been exposed to trauma are PTSD, anxiety disorders, and self-injurious behaviors (Dye, 2018).

Determining Factors in Developmental Delay

Several factors can determine the development and intensity of developmental delays after trauma, such as the type and frequency of the traumatic events, the background of the child experiencing the traumatic event, and the response to that trauma (Schimmenti, 2018). For example, a child who has been repeatedly physically and psychologically traumatized by living in a war zone will have differing developmental delays from a child who experiences the one-time psychological trauma of the death of a close friend. Studies have found that children with a background of socio-demographic risk factors (poverty, minority status, single parenting, etc) who are exposed to traumatic events are at a greater risk for mental illness (Dye, 2018). The response to trauma by caregivers is an extremely important factor in determining the impact of developmental delays. In the case of car-crash survivor Rachel, her parents had her working extensively with clinicians and therapists who diagnosed her with PTSD and were able to help make dramatic improvements to her daily functioning (Malarbi et al., 2016). Studies have shown that nurturing parents and a stable home life can be protective factors against the negative effects of traumatic events (Dye, 2018).

Resilience and Spirituality

Resiliency is the ability to positively adapt in the face of adversities (Guimarães, 2018). Resilience may be a biological trait or the result of a nurturing family background. Resiliency has been shown to act as a buffer against the effects of trauma, mitigating symptoms of mental illness (Jong-Sun, 2019). Participation in religion has also been shown to have a similar buffer effect against the negative impact of trauma (Milstein, 2019). Researchers have found that religious individuals who have been exposed to trauma experience decreased anxiety and depressive symptoms and have increased positive emotional experiences. The concept of a

nurturing and supportive family as an influence on resiliency is in line with the Biblical idea of family as helpers to one another. In Genesis 2:18, after God has created the first man, he says, “It is not good that the man should be alone; I will make him a helper fit for him.” (*English Standard Version Bible*, 2021). God created the first family in order that humans should be able to come together and help each other, especially to help one another through the effects of trauma.

Conclusion

Traumatic events can leave those who experience them with lifelong physical and psychological injury. Because each individual is different, everyone will have their own way of reacting to the trauma they have experienced. Some will be significantly impacted by the physical injuries they have received, and many will experience depression or PTSD (Dye, 2018). The level of resilience that a person has to positively adapt and keep them from experiencing the more harmful effects of trauma will also depend on many unique factors from an individual’s background (Guimarães, 2018).

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Benchmark Paper: Personal Developmental Analysis

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Abstract

In this paper I will explore theories and factors of human development to understand how the events of various stages of my life have shaped me into the person that I am today. Specifically, Erik Erikson's stages of development, Maslow's hierarchy of needs, and Piaget's stages of cognitive development will be applied through the various domains of human development outlined by Wong et al. (2020). The impact of biopsychosocial and environmental factors on my mental health will also be discussed.

Keywords: human development, Erik Erikson, stages of development, childhood trauma, depression,

Benchmark Paper: Personal Developmental Analysis

To study human development is to study the sequential changes that take place throughout our lives and identify the elements that have come together to influence who we are (Wong et al., 2020). From birth to early adulthood, biological, psychological, environmental, and social factors have all worked together to shape me into the person that I have become. Certain factors have been more influential during specific periods of my life than others, and different time periods have shown themselves to be more consequential in my development than others. Theories of development and the influence of developmental factors have been a framework through which to understand my past and present states of being.

Birth to Early School Age

My mother had a healthy pregnancy with me, her second and last child. She ate well, did not smoke or drink, and experienced no medical problems or emotional distress during the pregnancy. I was born a healthy 8 pounds and was a very calm, easy baby according to my mother. My mother experienced post-partum depression (PPD) after my birth but was not able to receive much help as we lived in rural Vermont. About 12.9% of mothers experience PPD which is defined by an onset of mood symptoms during pregnancy or up to four weeks or more after delivery (Stewart & Simone, 2016). Children of mothers with PPD can experience adverse consequences such as impaired maternal relationships, lower cognitive development, and behavioral problems (Ali et al., 2013). However, I do not believe that my mother's PPD had any impact on my development, as I grew into a happy, trusting toddler.

I learned to walk around 13 months, later than the average walking age of 8-12 months but possibly due to having an older brother who did all the walking for me (Wong et al., 2020). My older brother was very active at that age, I used to sit on the floor and watch him run around and

bring things to me. Once I started walking, I was very trusting of those around me to keep me safe- a little too trusting for my own good. According to my mom, I would climb up our backyard playground and jump off, just trusting that someone would be ready below to catch me. Trust versus Mistrust is the first of Erikson's stages of development; this stage is foundational to the subsequent stages, which makes the development of trust critical for ongoing development. Children develop a sense of trust during this stage as a result of caring parents who are consistently responsive to their needs. Trusting children feel secure with their caregivers and grow into adults who hope.

I don't remember much about our life in Vermont as we moved to upstate New York when I was three years old. My parents decided to go into Christian ministry at this time, and we moved to New York so that they could attend the Word of Life Bible Institute. Childhood amnesia is the phenomenon of not being able to recall one's earliest years of life (Bauer et al., 2019). While children can nonverbally recall memories to perform actions in the first years of life, concrete memories that can be recalled later in life do not begin to form until around three years of age. One of my earliest memories is from my fourth birthday right after we had moved. I remember feeling sad that I had no friends to celebrate my birthday with me as we were new to the area. By this age, I was able to engage in associative play with other children and willingly sought out that social interaction (Wong et al., 2020). In New York, I quickly developed friendships with the children in our neighborhood and at the preschool I began to attend. As my parents were attending college, I was frequently on campus and had consistent interaction with young college age students. I believe that these interactions impacted my social development as I considered many of these students to be my friends and wanted to keep up with them by being

energetic and outgoing. Throughout my early school years, I continued to have average physical, cognitive, social and emotional development.

Middle Childhood

Just before turning seven, at the beginning of middle childhood, my family visited Nigeria for a month. From the beginning of my parent's transition into ministry, their end goal was to raise enough financial support to be able to live and work as missionaries in Nigeria. Upon our return to the United States, we moved four hours away within New York so that my parents could continue their education while homeschooling my brother and me. There was a lot of change happening in our lives at once, and I believe that moving had and would continue to have a significant impact on my development. A family's home defines their connection to family, peers, schools, and the community (Coley & Kull, 2016). Disrupting those connections can cause significant stress for children as well as a decline in academic skills, psychological well-being, and behavioral and social functioning. My family would change residences numerous times even while we remained in the same city, and by the time my middle childhood ended at age twelve I had lived in nine different residences.

After previously having only attended private Christian school and being homeschooled, I began public school in the fourth grade. I had difficulty adjusting academically as my previous schooling had left me ahead in some subjects and well behind in others. The manner of social interaction I experienced with other kids also required some adjustment. Having been somewhat sheltered in a Christian environment up until this point, I was surprised at some of the language and behaviors of my fellow classmates. I learned about difficult subjects like abusive parents, divorce, and eating disorders through the firsthand experience of friends, things that I had no exposure to up until this time. Middle childhood is the time that children start developing deeper

social relationships and desire to be included (Wong et al., 2020). During my two years at public school, I was painfully aware that my life experiences were different than those of my peers and found myself torn between social groups, not quite sure where I fit in. At this age I was in Erikson's industry versus inferiority stage, and although I did develop competence in the skills I possessed, the stress that I experienced left me doubting my ability to perform these skills. For example, I knew that I was skilled academically and musically, but did not always apply myself as well as I could have towards these things because I felt inferior in my abilities.

During this time, my family was also raising support to go to Nigeria. Support raising meant frequent travel to different churches starting from around the time that I turned seven. We traveled up and down the East Coast and even up to Canada, staying in other family's homes and attending countless different churches. It took me until my adult years to realize that these trips were a source of high anxiety for me, as I felt an obligation to be on my best behavior to be a good representation of my family in order to help secure our future. I began to have extensive trouble sleeping, night terrors, and displaying defiant and sometimes angry behavior. Studies have shown that significant stress during this key time of brain development can impact the functioning of the prefrontal cortex, which is responsible for fear and anxiety, risk taking, decision making, and attentional processes (Chocyk et al., 2013). While anxiety and bad decision making are typical at this age, what I was experiencing was compounded by the stress of my environment.

Towards the end of my middle childhood, my family moved to Nigeria. At the age of eleven, I would have been in Piaget's concrete operational stage of cognitive development, when children begin to be able to think logically about concrete problems (Wong et al., 2020). While I had known up until this point that we were going to move to Nigeria, it was an abstract concept

that I did not understand concretely until I was watching the East Coast and my entire life disappear from the window of an airplane. I was extremely afraid to leave behind my friends and everything that was familiar to me, but my spirituality was extremely helpful and brought me a sense of peace. When we first moved to Nigeria, we were again homeschooled and lived amongst only Nigerians, and I did not speak the same language as many of the children in my neighborhood. Not only was this move a very difficult change for me, but I had no one my age to share my experiences with.

The first time I was able to be around other American children at a missionary conference in Nigeria, I caused a lot of conflict amongst the other girls my age. During middle childhood, children typically begin to notice and take in the behaviors and opinions of the children around them (Wong et al., 2020). Up until this point, I had to adjust and match up my behavior with college kids, the girls that I had come to know in public school and then with the Nigerian kids in my neighborhood who I was unable to fully communicate with. Amongst this brand-new social circle of missionary kids, I was yet again a fish out of water and was uncertain of how to comport myself amongst them. Because I did not know how to conform to this new group and social hierarchy, I decided that they should conform to the social standards that I was used to. I was unkind and made many of them feel alienated when they did not know or understand my own personal culture.

Right before I turned twelve, my family and I were robbed at gunpoint in our home. Masked men came into our compound and held my dad at gunpoint to get into our house. I remember them pointing a gun at me several times and aggressively telling my family to make me stop crying. Up until this point, being able to live in one permanent residence in Nigeria for the foreseeable future had brought me a sense of stability and I saw a decrease in my stress

symptoms of insomnia and anger. The robbery was a trigger point for my previous sleep and anxiety troubles as well as for new symptoms of depression. Depression is strongly associated with chronic stress in childhood as well as adverse childhood experiences, both of which I had experienced at this point (Husain et al., 2021). Childhood trauma can have lifelong effects, including increased reactivity to stress, an increase in negative emotion, as well as being a predictor of adult stress and depression (Aas et al. 2017). Protective factors against the development of depression in those who have experienced childhood trauma include social support, personality traits such as extraversion, and resilience. Although I received some counseling after the robbery, it was not extensive, and I did not have anyone else my age to help me cope. My experiences with instability, a lack of connections, and feelings of inferiority due to struggling through Erikson's industry versus inferiority stage left me unable to build the resilience that I needed to get through these difficult times.

Around this time my brother and I also started going to the international school where many of the missionaries sent their kids. This was a welcome change for me as I now had much more opportunity to socialize, but it was difficult to adjust to yet another new social setting. During my first year there, in seventh grade, my grandmother passed away. This was a significant event for me as it was one of the first deaths that I had experienced, and I was not able to go to the United States or attend her funeral. I had an extreme emotional reaction to my grandmother's death, compounded by the stress and trauma that I had recently experienced. Children can be helped through their experiences of grief by being able to express their feelings, however, difficult topics frequently went unaddressed in my family (Wong et al., 2020). This was certainly a factor in my reaction of withdrawal, a common reaction to grief in childhood.

Early Adolescence

My early adolescence provided far more stability than middle childhood in that I was able to live in the same house and attend the same school throughout. This sense of stability was vital in that the early adolescent years are a time of extreme change, and any external changes would have been made all the more difficult (Wong et al., 2020). I believe that I fell behind socially due to the setbacks and trouble adjusting that I experienced in middle childhood. I was immature for my age as well as extremely extroverted, which caused me to display behavior that was wild and occasionally inappropriate. After behaving this way in front of others I would feel frustrated with myself that I could not match up with my peer's level of maturity. Early adolescence is typically when children begin to develop an enhanced social understanding and self-awareness, causing me to become rather introspective and critical of my own behavior (Petito et al., 2020). These feelings of inferiority in my social behavior were certainly an impact of my struggle through Erikson's industry versus inferiority stage. Given that now was the time to start experiencing the stage of identity versus role confusion, considered one of the most important stages, I was set back once again while I dealt with my residual feelings of inferiority from the previous stage (Dunkel & Habke, 2017).

I continued to experience the effects of trauma and was extremely depressed for this entire time period. Although my depression was certainly influenced by my environment, there may have also been a biological factor in that many members of my family have also reported feeling depressed. Depression is one of the most common mental health disorders in adolescence, the prevalence of which can be explained by the extreme physical and social changes that are experienced around puberty (Petito et al., 2020). Depression in adolescence is often missed as the symptoms, such as mood instability, may be written off as typical teenage behavior. I felt strong feelings of shame about being depressed which caused me to doubt that

there was anything wrong and hide my true feelings from others. Adolescents often feel a sense of shame about their behaviors as they develop their sense of morality (Wong et al., 2020).

Given that I was raised in a Christian environment, I was beginning to develop my own personal morality and relationship with God and struggled with contextualizing depression in a relationship with God. I often had suicidal thoughts, but I am sure that no one around me knew it as my personality was still very extroverted and lively. I did not enjoy sharing my personal thoughts and feelings with others, and even if I wanted to, I did not feel that I had a safe space or person with which to do so. I received no help or relief for my mental health struggles and was determined that it was something I had to battle on my own.

A recurring theme through my life which especially impacted me during early adolescence was avoidance. Emotional avoidance is when individuals avoid emotional subject matter that may cause discomfort or distress; this is a major feature of mental health disorders such as depression, anxiety, and PTSD (Cooper et al., 2013, Schick et al., 2020). Avoidance manifested itself in my family's way of not always talking about the sensitive or uncomfortable topics like depression which may have benefited from open discussion. Emotional avoidance may have also been a natural response to some of the turmoil going on around us in Nigeria. During my high school years, political unrest as well as tribal and religious disputes erupted in violence in the city that we lived in. Churches were bombed, close family friends were killed for being Christian, and at one point pepper spray blew into our school from a riot down the street. According to Maslow's hierarchy of needs, the most basic physiological human needs and the need for safety and security must be met before more abstract ideas such as belonging or self-actualization can be explored (Aruma & Hanachor, 2017). Because we as a family felt unsafe

enough to have a “go bag” ready to flee the country, we may not have been able to address some of the deeper emotional needs.

Late Adolescence

I graduated high school at the age of seventeen and moved back to New York to attend college. I dreaded this transition for a long time before it came up and experienced strong feelings of sadness knowing that not only would I be leaving beloved friends and places behind, but I would likely never see some of them again as we spread out across the world. The stress of this major life transition brought up old traumas, and I believe that I suffered from symptoms of post-traumatic stress disorder (PTSD) during my first years of college. I was very depressed, had disturbing nightmares, and was easily startled to the point that I was once so shocked by the shadow of a ball coming towards me that I began avoiding sporting events altogether. PTSD is common in those who have experienced trauma, and is characterized by emotional avoidance, alterations in mood and reactivity, and intrusions such as nightmares (Shick et al., 2020).

I had not been able to do much exploring of my identity during early adolescence, which is the typical period of Erikson’s stage of identity versus confusion (Wong et al., 2020). Completely independent and on my own at college, I did a lot of exploration of who I was and latched on to the idea that all of the things I had been through made me a strong and resilient person. This idea along with a strong belief in God helped me get through four years of college at two different schools and develop into a relatively stable, consistent, and happy person. While it was difficult to watch my roommates and friends return home on breaks and have to send frequent reports of their whereabouts to their parents- I felt a sense of accomplishment in being able to go places on my own and make my own decisions. Once an adolescent reaches a sense of self-understanding in the identity versus role confusion stage of development, they are better able

to understand and socialize with others and move on to the next stage (Dunkel & Harbke, 2017). I was better able to be my true self and share my deeper feelings with others as I found myself becoming much less extroverted when I didn't feel that I had to put on a mask of happiness. I came to enjoy the quiet of my own company and that of a small circle of friends.

Although being able to independently make decisions gave me a lot of satisfaction, I often had trouble with taking initiative and found myself going with the flow or choosing the easiest available option to me. I attended the same school my parents went to, interned at the same place a friend of mine had, and ended up working at the college I graduated from when I was offered a job there. I often did not make any decisions for myself by nature of just taking the first opportunity that happened along for me. This could be yet another effect of my hard time during the industry versus inferiority stage of development as I was afraid of making the wrong decision and failing. When I was laid off a year after graduating, I again took the first opportunity presented to me and moved to Virginia to be closer to my brother. In Virginia, I took the first job that presented itself as a preschool teacher, even though this was not what I wanted to do long-term.

At the end of late adolescence and the beginning of early adulthood, I made the decision to quit my job and start working on earning my master's degree. This decision was monumental for me as I felt it was one of the first times that I was able to take initiative to make a difficult decision for myself. My career path has been heavily influenced by my struggles in middle childhood and the absence of anyone to share my struggles with. I am hoping that by becoming a school counselor I can be there to help children through the difficult stages of their lives.

Early Adulthood

At twenty-six, I have just now entered early adulthood. I can already tell that one of the main features of this era for me will be the struggle of Erikson's stage of intimacy versus isolation. This is something that everyone is already struggling with during a pandemic but is made especially difficult during this time of life as friendships begin to fade as individuals move on from their college years and onto starting a family. I have been kept extremely busy by working and going to school full time and have little time to socialize and create intimate relationships. A lack of social connections has been difficult, which is part of why I recently began receiving personal counseling as well. Counseling has helped me immensely in being able to understand how the events that took place during sensitive times of my development have had and continue to have an impact on me.

Implications for Future Development

I believe that I have set myself up well for this next stage of life and for the generativity versus stagnation stage of development. Had I not quit my job as a preschool teacher, I likely would have stayed there for a long time and felt stagnant and unhappy. I am setting myself on the right course and creating positive change in my life by obtaining my master's degree and hopefully starting the career that I want to go into. I will be able to generate influence over the next generation as a school counselor and hopefully avoid those feelings of stagnation (Dunkel & Harbke, 2017). I have been relatively healthy and do not participate in any lifestyle behaviors that will impact me in the long term. Psychologically, I am doing much better than I have in the past and I believe that the work I am doing to heal past wounds will help me greatly in the future. I do need to continue to work on the social component of my development and will hopefully be able to do this more successfully when I am done with school and have less on my plate.

Conclusion

The main factors that had an impact on my development were the environmental, psychological, and social factors of development. The stress that was created by an unstable and traumatic environment took its toll on my psychological development, manifesting itself as anxiety, depression, and PTSD. Erikson's stages of development are also key in understanding how traumatic or difficult events at certain stages of my life inhibited my ability to develop at rates similar to my peers. Difficulty in successfully completing the industry versus inferiority stage set me back in the successful completion of the subsequent stages. Religion has been a protective factor in my life, helping me achieve a positive outlook on some of the negative things that I have experienced. Receiving counseling at this current stage of my life has helped me unpack and understand how my childhood development continues to impact me today.

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