

Addiction in Adolescence

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Adolescence is a formative period in an individual's development. During this time, young adults are faced with many new challenges and expectations. These include puberty, added peer pressure, more independence, a stronger emphasis on academics or career, and discovering their identity. Self-concept and self-esteem are greatly influenced by identity and how the individual views themselves. Risk taking behaviors such as substance abuse, addiction, drinking, self-harm and sexual risks can be connected to self-concept. The authors of *Counseling Individuals Through the Lifespan*, explain how adult figures can encourage self-esteem in adolescence: "Counselors, teachers, and those working with children and adolescence can help them improve their self-esteem by encouraging them to focus on, explore, and value their areas of higher competency" (Wong et al., p.172). Other factors that influence risk taking behaviors include, "...exposure to drugs, socio-economic status, quality of parenting, peer group influence and biological/inherent predisposition towards drug addiction" (Chakravarthy, B., Shah, S., & Lotfipour, S., 2013). The article *Neurobiology of adolescent substance use and addictive behaviors: prevention and treatment implications* explains, "Addictive disorders, including both substance and behavioral addictions, remain among the most costly diseases in society, and adolescence is a critical developmental period for protecting the next generation and curbing future social costs" (Hammond, C. J., Mayes, L. C., & Potenza, M. N., 2014). Adolescents who are practicing these behaviors are risking the possibility for harmful consequences. Substance abuse, especially in the presence of peers can lead to poor decisions in sexual activities, accidental or purposeful self harm, and the onset of depression. Counselors and parents need to prioritize helping adolescents deal with the pressures and expectations of emerging adulthood

and provide healthy alternatives to the searching adolescent. It is important to focus on the factors that can be reformed that could ultimately put a young adult at risk of these types of behaviors.

If an adolescent finds themselves in a pattern of substance abuse and addiction there are interventions that could be sought out. Finding a counselor the individual can trust would be a step in the right direction. The counselor should help the individual, "... develop specific skills, such as coping with alcohol or other drug cravings, refusing offers from others, challenging their faulty thoughts, coping with negative effects, and improving interpersonal behaviors" (Wong et al., p. 199). Adolescents who find themselves struggling with addictions and substance abuse may lose hope for their life. Spirituality plays a huge role in finding a way through the dark time of addiction. Spirituality can provide meaning of life, offer hope, develop identity and promote resilience. Spiritual development may act as a preventive factor for an adolescent who is at risk of addictive behaviors by offering a solid sense of self. Self-concept can be linked to risky behaviors. Glenn describes this as follows: "Other predictors of resilience include having a positive and meaningful view of life, and developing a 'sense of coherence'" (Glenn, C. T., 2014). If an adolescent has a meaningful view of life, they may be better prepared to confront the challenges and stressors of emerging adulthood and avoid partaking in risky behaviors.

Substance abuse and addiction are prevalent in every community. My local news published an article of four adolescent males, ages ranging from 14-19 who were pulled over and found to be under the influence of marijuana (Gillette News Record). The 19-year-old was arrested for possession and intent to deliver. A group of four adolescences can easily be

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pressured into these kinds of behaviors especially when there is a 19-year-old who is driving and providing controlled substances for the younger teens.

Although adolescents are faced with many pressures, uncertainties, and expectations there are ways to avoid risk taking behaviors and thrive through these young adult years. Despite factors an individual may face that correlate to substance abuse, they are not destined to fall into the trap of addiction. A young adult can still strive for success and achievement in these formative years regardless of their home environment and social factors.

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Trauma & Resilience

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The text, *Counseling Individuals Through the Lifespan*, defines resilience as, “the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances” (Masten et al., 1990), (Wong et al., p. 128). Humans experience trauma at all ages during their development. These challenging events shape us in many ways emotionally, physically, and spiritually. Going through a traumatic experience where one would potentially experience loss, grief, abuse or neglect, would understandably greatly affect their development, especially at a younger age when their brain is rapidly changing and developing. Abuse, neglect and parental substance abuse are all examples of risk factors that can affect and delay cognitive and physical development in children.

The article *Childhood trauma and metabolic syndrome in men and women*, explains the link between childhood trauma and metabolic syndrome. Some conditions that could occur within metabolic syndrome are heart disease, stroke and type 2 diabetes (Mayo Clinic 2019). The article discusses how factors such as socioeconomic status, depression and anxiety, sleep quality, stress-induced eating and smoking or drinking can result from childhood trauma (2014). These coping strategies can then progress into chronic disease or the conditions that occur within metabolic syndrome. All these factors greatly affect the physical development and overall health of an individual. The article, *Trauma and Child Health: An Introduction to the Special Issue*, discusses how stress from traumatic experiences can lead to decline of overall physical health. “These potentially traumatic events can lead to the development of acute or chronic stress reactions, including posttraumatic stress disorder (PTSD), and cause significant psychological impairment” (Bonanno, Brewin, Kaniasty, & La Greca, p. 1). Research shows, “psychosocial

stressors have a major influence on individuals' mood, well-being, and physical health" (2016, p. 1).

Children have to find ways to cope with traumatic experiences. Unless they are taught how to cope in a healthy manner, the child is exposed to the negative effects of trauma on their development. There are six protective factors identified by Alvord and Grados (2005) that can be taught to support resilience. These include, "proactive orientation, self-regulation, proactive parenting, connections and attachments, school achievement and involvement, IQ, and special talents; and community" (Wong et al. p. 128). There are ways to strengthen and implement these factors to promote resilience.

Spirituality can also be considered a protective factor for some. According to the authors of *Could Spirituality and Religion Promote Stress Resilience in Survivors of Childhood Trauma?*, "...individuals with histories of childhood maltreatment report diminished resilience overall, the majority of variance in resilience remains unexplained, leaving much room for other factors that may influence a person's resilience to stress, such as religion and spirituality" (2014, p. 252). There is a need for more research on how spirituality effects the negative aspects trauma takes on an individual. When one experiences trauma, they need to have a hope that things will eventually get better, as well as a way to make sense out of what has happened to them. The Christian worldview directly takes on this task. While Alvord and Grados' protective factors are helpful in promoting resilience they don't go beyond, to the point of addressing the human soul. Kathleen Brewer-Smyth & Harold G. Koenig write about spirituality and religion, saying, "...they also can be powerful sources of hope, meaning, peace, comfort, and forgiveness for the

self and others” (2014, p. 251).

Every day, children across the world are experiencing traumatic events that will ultimately affect them in some way or another, whether that be emotionally, physically, behaviorally, or spiritually. Children are resilient and find ways to adapt and cope with their situations. Still, there are ways that parents and counselors can teach children to be resilient and find healthy coping strategies to walk through challenges that result from traumatic experiences.

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Developmental Analysis

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Developmental Analysis 2

To understand human development throughout an individual's lifespan, one must look at how the biological, sociocultural, and cognitive factors interact to contribute to growth and development. From the time a child is in the womb until they reach old age and pass away, the individual is constantly learning and reshaping who they are based upon experiences, relationships, traumatic events, triumphs, spiritual encounters, milestones etc. Human development is multidimensional and multifaceted. There are many moving parts that make an individual who they are and contribute to their identity. Because human development is so complex, Wong et al. states, "...development should be viewed and studied from an interactive perspective valuing the influence of biology, psychology, and social context in the same environment" (2015, p. 14). These are the aspects that I will be focusing on when examining my own development throughout my life up until the point of late adolescence.

Prenatal development is crucial to overall health and development through the following stages. During pregnancy the fetus is especially at risk to a variety of factors that can be detrimental to healthy development. According to Wong et al., "Some factors that may impede healthy prenatal development include maternal nutrition, maternal stress, teratogens, and domestic violence" (2015, p. 53). In speaking to my own mother about her pregnancy with me, I learned of her issues with nutrition during the pregnancy. Early on, and throughout her pregnancy, my mother stated that she did not maintain a healthy diet. I was her second pregnancy and she had gained a lot of weight with her first pregnancy. This caused her to be more conscious about eating too much during her pregnancy with me. During this time, my family struggled financially and could not afford healthier food. She was not eating enough, and when she did it was usually cheaper food and not as nutritious. Tzanetakou, I. P., Mikhailidis, D. P., &

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Perrea, D. N. write, “Nutrition during early development is associated with the offspring’s growth, organ development, body composition and body functions” (2011, p. 103). The malnutrition during her pregnancy caused slow, to no growth in the womb. A sonogram identified that I had stopped growing in the womb and needed to be delivered three weeks early. An amniocentesis procedure determined whether my lungs were ready for delivery. I had not had the proper nutrients during prenatal development and was three weeks premature which resulted in a low birth rate. Continuing into infancy, I struggled to remain healthy. My mother had to stop nursing around eight months, because she was not healthy and could not produce enough milk to continue nursing. In the textbook, *Counseling Individuals Through the Lifespan*, the authors write, “Infants who are breast-fed have less diarrhea, fewer cases of ear and urinary tract infections, fewer infectious diseases, and lower obesity rates” (AAP, 2012), (Wong et al., p. 72). From this point until 24 months, I began to have chronic ear infections and a weak digestive system. Due to my chronic ear infections I required a myringotomy surgery, also known as ear tube surgery. Around 4 years of age, the ear infections subsided.

The next several years would bring about even more health struggles for myself and my family of six. My parents had moved us to a small-town farming community. Here my parents began to realize that each of their children, ages six, four, two, and a newborn were getting extremely sick, including themselves. The doctors struggled to find what was causing the sickness. After many hospitals and testings, it was determined that we had been drinking pesticides in the water from our well.

Early school ages are a key period in development in the areas of physical, cognitive, moral, and social and emotional development. As a young child, going through this sort of sickness

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was physically and emotionally exhausting. Because my immune system was so compromised from the pesticides', I was not able to fight off other illnesses like strep throat. I did not show symptoms that I had acquired strep throat. It was not treated, and became more severe as it began to spread and impact my kidneys. I was in Kindergarten during this time. To prevent getting more ill, my parents moved us to stay with family in another state. I continued to move between states during my Kindergarten and 1st grade years. Disrupting my routines and security most certainly led to added stress in my early childhood. According to Wong et al., "...cognitive functioning is in part the outgrowth of the neurophysiological changes occurring in the brain, it is highly affected by the conditions of one's social environment" (2015, p. 148). If major stressors occur during this time of life, it could impact overall health later on. Schneiderman found that the chance of getting an autoimmune disease could even be higher if outstanding stressors were endured early on in life. (2005, p. 3-4). Looking back, I can see how these stressful experiences impacted my health and development throughout the years. Later in life, I faced the challenges of an autoimmune disease. Research shows that the onset of the autoimmune disease could likely be traced back to the distributing factors of malnourishment in prenatal development, sickness, and traumatic events faced during early childhood.

Resilience is defined as, "the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances" (Masten et al., 1990), (Wong et al., p. 128). Through protective factors such as, supportive and competent parents, school achievement and involvement, and a proactive orientation, (Alvord & Grados, 2005), I believe I was able to foster resilience and transpire through the difficult occurrences in my early

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childhood. I can attribute my feisty and determined personality to the early years and fighting through these challenges. Regarding success in the face of adversity, (Morales, 2010), found that a strong work ethic and persistence contributed to success later on in life. These characteristics came to serve me well as I furthered my education and faced other challenges throughout childhood and late adolescence.

There was a shift in my physical, emotional, and social development as I entered middle childhood. At this time, my family of six was living in a two-bedroom apartment. We were just recovering from the sicknesses and trying to get our feet on the ground. One day, a young pregnant girl who was our neighbor came to our door and asked my parents if they would consider adopting her unborn baby. After much thought, my parents believed that this is what the Lord was calling them to do. The baby was born nine weeks early and had cerebral palsy. Today that baby is my healthy 17-year-old brother, who shows little to no signs of cerebral palsy and is a healthy teenager. After he was born, my father took a job in a new town. We moved, and I started my 2nd grade year at school. This was the first return to normalcy that my family had in some time.

I spent the next eight years of my life growing and developing into my early adolescent years. During middle childhood, I made close friendships, developed morals and values, and began to discover my identity. These were formative years. Magnuson, K., & Berger, L. M., write, “Middle childhood is also a period of increasing independence during which the ability to understand social contexts outside of the family and to reflect on one’s own actions emerges” (2009, p. 4). From the ages of 6-12, I began to branch out and discover who I was apart from my family. This comes from influences of peers, teachers and experiences. At this age, there is an

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emphasis on independence and learning how to act within a social environment. There is a sense of self that begins to be discovered in middle childhood. I started a new school year at age 8 in a very small town. I quickly made friends and did not struggle to fit in. Wong et al., states, “Peers are one of the many factors across the early stages of life that affect an individual’s self-esteem” (2015, p. 152). The desire to make friendships and be accepted by peers continues the transition into early adolescence.

During early adolescence, young individuals tend to care more about what their peers have to say than their parents. This may cause strain in the relationships between parents and the young teen. This is also the time where adolescents start to partake in risky behaviors as they are wrestling with who they are. In my own experience, I began to move away from what I knew my parents expected of me and focused more on how I could fit in with my peers. Erik Erikson (1968) found that the individual works through identity versus role confusion during adolescence. Identity confusion is where the individual has not yet committed to an identity. Crocetti, E. explains identity exploration as, “actively questioning and weighing various identity alternatives before deciding which values, beliefs, and goals to pursue...” (2017, p. 145). As a thirteen-year-old, I was trying to figure out who I wanted to follow and ultimately who I wanted to be. Often influenced by my peers, I would make risky choices and try to fit in. I knew then, that these were choices that were going to impact me for the rest of my life. Being raised in a Christian home, I knew the morals and values that my parents had instilled in me and expected me to follow. My parents were always positive role models and a support system for me. Wong et al., describes the relation between risky behaviors and the having adult role models, “...adolescents who had positive adult role models in their lives were less likely to use alcohol,

tobacco, and other drugs” (2015, p. 181). Because of the beliefs and morals my parents instilled in me from a young age, I was able to avoid those types of behaviors during adolescence.

When I finished my first year of high school, my family moved to a much larger town. I went from a close-knit class of ten to a class of six hundred my sophomore year. I was still in the process of discovering who I was. This was a difficult and transitional point in my spiritual development. As I struggled through this big change in my life, I realized that I had abandoned my faith and started to strive after the Lord to find hope. This meant that I began to meditate on the word every day and obey what the Lord was calling me to do. I look at this period in my life as a pivotal milestone in my spiritual development. The authors in *Defining Spiritual Development: A Missing Consideration for Student Affairs*, write, “Spiritual development involves an internal process of seeking personal authenticity, genuineness, and wholeness as an aspect of identity development” (2009, p. 617). By the end of my early adolescence, I had discovered my identity and knew that I wanted to walk with the Lord and listen to his calling over my life. In turn, I became more emotionally and socially healthy. I no longer needed to depend on my peers to discover who I was. Although my spiritual development is ever changing and growing to this day, I recognize the impact that my early adolescent years had on my spiritual development.

After I graduated from high school, I began a serious dating relationship. He had a scholarship to a college out of state and I stayed in state for college. Navigating a long-distance relationship as an 18-year-old was very difficult. I struggled to make new friendships and move out of my comfort zone because I was so focused on my relationship with him. This marks the beginning of Erik Erikson’s Intimacy vs. Isolation stage of psychosocial development. This stage

is described by establishing intimate relationships with a partner or becoming isolated from this sort of relationship. Wong et al., describes intimacy as, "...sacrifice of the self and full commitment to the other person" (2015, p. 194). We were both fully committed to each other as we embarked on a four-year, long distance relationship. During this time I had to lean fully on the Lord. It was very difficult for me to be apart from someone that I had created a relationship with. Transitioning into the stage of late adolescence was difficult because of this long-distance relationship. This time period had a great impact on who am I today as an almost 25-year-old, nearing the end of late adolescence. The most influential aspect during this time was discovering that I had Graves' disease, an autoimmune disorder. As I had mentioned previously, the occurrence of an autoimmune disease can possibly be linked to the traumatic stressors that I encountered as a young child. With the onset of Graves' disease came many symptoms including intense anxiety. I found myself trying to cope with it in unhealthy ways. Among all the other stressors I was dealing with, I decided I needed the extra support of my parents. I moved back in with my parents as I continued to pursue my education and recover from the illness. The article, *Boomerang families and failure-to-launch: Commentary on adult children living at home*, explains that furthering education is one factor among others that causes young adults to move back home with their parents. I am very thankful that my parents allowed me to move back home with them and be that support system when I was struggling to navigate my relationship, continue my education, and deal with the sickness. At age 22 I got engaged, and shortly after moved out of my parent's home. Several months later my husband and I got married. I recovered from the Graves' disease and it went into remission. The next few years I continued to struggle

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with the unhealthy coping habits that I created. One of the unhealthy habits that began to turn up was “interfering with wound healing by picking” (2015, p. 177). Wong et al., describes this tendency as a self- injurious behavior that can be used to deal with negative emotions or feel as though one has control over a situation. Several years later, this is something that I am still working through and struggling with. I realize that it came about during a difficult time period in my life, and has become a coping mechanism that I turn to when I feel as though I have lost control. Exercise is one way that seems to combat the habit. According to, *Effects of exercise and physical activity on anxiety*, “Physical activity positively impacts a number of biological, as well as psychological, mechanisms” (2013, p. 3). I need to make better use of my physical fitness as I am in the peak of physical development in late adolescence. I should strive to make better habits in place of the negative ones that I have created. The choices that I am making at this point in my life will affect my physical development down the road. Wong et al., states, “...the health status and prospects of emerging young adults are dependent more than ever before on their own behavioral choices” (2015, p. 217). I have set goals to exercise more and continue on a healthy diet. After struggling for several years, it has negatively become a part of my identity and affects other areas of my life. At this point, I could benefit from a counseling professional who could help me navigate this struggle and find healthier coping strategies.

I am nearing the end of late adolescence and entering into the developmental stage of early adulthood. My focus now is to begin starting a family as well as continuing my education. I am walking through a season where I am trying to solidify my identity and who I am, apart from my goals, relationships and dreams. Forming a personal identity is common for this stage as most individuals are analyzing where they are at comparatively to peers and looking at what is to

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come in the future. The spiritual, physical, emotional and biological factors throughout my lifespan, and up until now are, always changing and developing who I am as an individual. Around every corner in life, there is a new event, relationship, goal, tragedy, or triumph that molds us into the person we are and will grow to be. Understanding the ways in which they affect us will allow for a better overall understanding of how one develops through each stage in their lifespan.

I would be interested to look into further study on the effects of NSSI (Non-Suicidal Self Injury) tendencies. There is a need for more research on what causes the behaviors and ways in which to prevent them. As a future counselor, I believe this is an area of importance that I need to have better understanding of.

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