

Benchmark Essay: Addiction and Adolescence

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COUC502-D01: Human Growth and Development

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Author Note

This author declares no conflict of interest.

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Abstract

Due to their underdeveloped prefrontal cortex, adolescents are vulnerable to substance abuse, and thus substances are quite common among their age (Wong, et al., 2021). This because of not only because they are still developing, but also because they are experiencing the responsibilities and the pressure of adult decisions (Wong, et al., 2021). Additionally, there are many other compounding factors that may lead to adolescent substance use disorder, such as previous trauma, causing the brain to change and become more susceptible to the rewarding nature of a substance (Jordan and Andersen, 2016). Thus, this can become a habit much quicker, and because their adolescent brain is still developing, the habit can become much more deeply engrained (Jordan and Andersen, 2016). However, there are some preventative measures that can be taken. Encouraging adolescents to form healthy habits, such as exercise and a balanced diet, as well as giving them tools to regulate their emotions may be essential in helping prevent substance use disorder (Jordan and Andersen, 2016). Finally, religiosity has shown to be a powerful preventative factor in substance use through several different means (Nedelec, et al., 2017).

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Adolescence is a sensitive and formative time for the maturing individual, with many new friends to be made and new experiences to be had. One of the biggest experiences that is present in an adolescent's life is alcohol and drug use. Wong, et al., states that statistics show that well over half of college and graduate aged individuals drink alcohol, and that non-medical substance use is becoming more common among college-aged individuals (2021). These statements aren't necessarily surprising, considering that the adolescent age range is a tumultuous one, where individuals are testing independence and balancing emotional development with adult responsibilities (Wong, et al., 2021). Adolescents are in a particularly vulnerable time where their brain is more pliable, as seen in the fact that it is easier for them to learn a second language or other skill than it is for a fully developed adult (Jordan and Andersen, 2016). Habits formed during this period may be more likely to change brain structure and become more deeply engrained than if learned at a later period (Jordan and Andersen, 2016). Some of the factors that may put teens at a higher risk is if they have experienced some form of traumatic event which causes stress reactivity to be much higher, substances more appealing, and habits more likely to be formed (Jordan and Andersen, 2016). Additionally, the adolescent brain seems to be more reactive to stress, as seen when adolescent rodents' hypothalamic-pituitary-adrenal axis is extremely reactive to stress and takes much longer to return to homeostasis. Because it is so reactive to stress, it increases the reward set points, requiring more of a desired substance to create a reward in the brain (Jordan and Andersen, 2016). There is some research that posits that drug use causes the adolescent brain to shift from a primarily goal-oriented brain to a habit-based system, with habits being carried out almost automatically (Jordan and Andersen, 2016). As the habit is formed, the homeostasis begins to change, requiring more and more of a substance to reach an average functioning level (Jordan and Andersen, 2016). Because adolescents are more

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susceptible to substance use disorder, preventative measures need to be taken. In their research, Jordan and Andersen show that encouraging adolescents to regulate their emotions through a variety of different means helps to regulate stress, which may decrease adolescents using substances as a coping mechanism (2016). Another form of prevention is encouraging adolescents to form healthy habits. As adolescents seem to be very habit-driven, creating physically healthy habits, such as exercise and a healthy diet, may help prevent unhealthy habits (Jordan and Andersen, 2016). Some of these habits may include religion. In a study done with monozygotic twins, religion was a significant variable in decreasing general alcohol use as opposed to the twin that did not practice religion (Nedelec, et al., 2017). Religion also tends to create a system of moral thought, what is wrong and what is right, in adolescents, which may contribute to its preventative factors. Additionally, religion tends to encourage self-control and the idea that substance use is wrong (Nedelec, et al., 2017). Overall, adolescents are extremely vulnerable to the enticing call of illicit substances. As both cognitive, physical, and spiritual methods can be used in preventing substance abuse, it may be of interest to explore the preventative efficacy these factors have when used in combination.

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Human Development Across the Lifespan

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Abstract

There are many different facets to development across the human lifespan. There is cognitive, physical, emotional, and spiritual, to name a few. In this article, I seek to explore common factors of human development across the lifespan, specifically in my own development up until now. I will explore the various aspects of my early childhood development and examine the general causes of dysbiosis in infants. In the preschool years, I interviewed my mother on my development, and examined the general social and emotional development of preschoolers. Within middle childhood, I focused more on emotional regulation and the overwhelming desire for belonging and peer acceptance. In early adolescence, I touched on the effects that moving and social support has on depressive symptoms, as well as major life events, such as going to college. In late adolescence, I examined how the parent-child relationships changes. Finally, I examined habits that I have currently that will follow me into middle and late adulthood. Overall, I examined the multiple challenges and changes found in the experience of human development.

Keywords: development, lifespan, developmental stages

Human Development Across the Lifespan

Human development across the lifespan is a complex and multi-faceted development, one that will shed much light onto an individual's present physiological, emotional, mental, and spiritual state. This would include my development as well. As an infant, there were not many divergences from a normal infant development; however, some major events included colic for the first six weeks of my life, as well as my mother switching me from breast milk to formula (L. Brooks, personal communication, April 25, 2022). A study done recently shows that infants with colic are likely to have inflammation of the gut as well as dysbiosis, an abnormal level and variety of gut microbiota (Rhoads, et al., 2018). These results were tested by the amount of fecal calprotectin in 37 infants defined being colicky, which meant that the infant would cry for more than three hours for at least two to three sequential days (Rhoades, et al., 2018). This was matched by a control group of 28 non-colicky babies. Overall, there was no significant correlation between type of feeding, such as breastfed or bottle fed, and the level of calprotectin (Rhoades, et al., 2018). The colic that I experienced as an infant was most likely an indicator of gut inflammation or dysbiosis. In fact, my mother even switched me from breast milk to formula because I didn't do as well with breast milk (L. Brooks, personal communication, April 25, 2022). This was a foreshadowing to my older years, where I have quite a few more stomach problems, much the same as when I was an infant, but now to a greater degree.

During the toddler years, my development was along the lines of an average, healthy development. I was very independent and wanted to do everything for myself. During the winter, when I went outside, my mother would dress me in a hat and jacket with the hood up; as I played outside, everything got twisted around and my hat came off. I didn't know whether the hat or the

hood came first, so I put the hood up and tried to fit my hat on overtop of it; that didn't work to say the least. An adult saw my struggle and tried to help, but I didn't want their help; I could do it myself. This is an example of Erikson's proposed theory of development during this time frame: "autonomy vs shame and doubt" (Wong, et al., 2021). I greatly desired to be in control of myself and desired to do things for myself at that age. Oftentimes, this struggle for autonomy coincides with potty training (Wong, et al., 2021). According to my mother, I was very difficult to potty train (L. Brooks, personal communication, April 25, 2022). For toddlers, potty training can be a time of great development in learning bodily autonomy in this way, but it can also be a time of great shame when they are reprimanded for not using the toilet. This is a pattern that is seen throughout the toddler years when a toddler is experiencing freedom to do what they want, yet within the bounds on social acceptability (Knight, et al., 2017). During this, I also gained a younger sister with whom I tried to play. My mother mentioned that one day she had left us alone for a few minutes, and during those few minutes, I covered my infant sister from head to toe in stickers (L. Brooks, personal communication, April 25, 2022). This incident described perhaps shows a way that toddlers test cause-and effect by trying to gain their caretaker's attention (Wong, et al., 2021). A toddler's cognitive skills are developing at a rapid speed during this time as well. A lot of skills are learned through imitating caretakers' vocal inflections, movements, and tasks. My mother has told me that, at my request, she read a children's book repeatedly to me, and thus, I would imitate her reading it to me. As she did other things around the house, I would follow her and "read" this book to her, imitating her with the words I said and my vocal inflections (L. Brooks, personal communication, April 25, 2022). This is particularly important for the child to learn adult behaviors and increase cognitive development (Wong, et al., 2021). Additionally, my mother included that I would often take my baby doll around and

pretend to breastfeed the baby doll in an attempt to imitate her feeding my young sibling (L. Brooks, personal communication, April 25, 2022). Imitating adult behavior in this context by taking care of a doll encourages empathy development and emotional intelligence by caring for the doll (Wong et al., 2021). Social skills are developing during this time as well, with toddlers learning how to interact and play with one another. At this stage, I wasn't a particularly social child, but I wasn't extremely shy either. Another skill that coincides with social development is sharing, particularly sharing within the context of playing. I had a hard time sharing, especially with my younger sister. My mother concluded this mention by saying that I was a very strong-willed child (L. Brooks, personal communication, April 25, 2022). This goes back to Erikson's stage of autonomy vs shame, where a toddler is making a push for independence (Wong, et al., 2021).

In the preschool years, development was also mostly usual. During this time, I attended a preschool and enjoyed it. During those years of social development, preschoolers usually display parallel play or associative play, where the preschoolers may play alongside one another or their play may have a commonality, such as trading a specific toy, but do not depend on one another for different parts of the imaginative playing (Wong, et al., 2021). Play is extremely important to preschoolers, as it aids in social and language development; it is even seen with preschoolers that may be somewhat cognitively delayed, even though that they may have difficulty expressing their emotions, using play they are able to communicate them through other mediums (Wong, et al., 2021). Cooperative play is somewhat advanced play for preschoolers, which may be explained with the fact that preschoolers are within Kohlberg's preconventional stage of development, which is defined by self-centric thought (Wong, et al., 2021). Decisions made within this developmental stage are characterized by self-interest; even obedience is performed

to avoid punishment (Wong, et al., 2021). Additionally, during this stage of moral development, rules are absolute and unable to be changed; obedience is required not because of possible harm or other reasons, but to avoid punishment (Wong, et al., 2021). Play is also seen in aiding preschoolers' development of gross and fine motor skills (Cheraghi, et al., 2021). In a study done with parents and children, when children were continually encouraged and engaged in play with parents, gross and fine motor skills significantly improved, such as balance, eye-hand coordination, and grasping (Charghi, et al., 2021). The more active a preschooler was, the more likely they were to develop their gross motor skills, thus showing the need for parents and school programs to encourage age-appropriate play and activities (Cheraghi, et al., 2021). Play encourages physical, emotional, and social development within preschoolers.

After the preschool developmental stage, there was much that developed during the middle childhood years. During the earlier childhood years, according to my mom, I wasn't an overly social child (L.Brooks, personal communication, April 25, 2022). I felt awkward and somewhat uncomfortable with my social skills; I was mostly comfortable with friends I had known since kindergarten. Social anxiety during this period of life is very likely and may be explained by a lack of needed skills to engage with others (Wong, et al., 2021). Social anxiety may be seen through avoiding social situations or withdrawing (Wong, et al., 2021). According to my mom, I likely experienced social anxiety at this developmental stage, as I would avoid social situations with those I didn't know well. I would withdraw and become very quiet, and I really struggled with engaging with others. Towards the latter years of middle childhood, I became a bit more social, but still experienced social anxiety. Additionally, around 10-12 years of age, I also had a closer friend than previously. I became more social, and even though I was homeschooled, I was engaged in several activities such as classes with others, theatrical productions, and sports. I was

busy and somewhat social, but still experienced anxiety and a strong desire for belonging and wanting to be like others. I was intensely afraid of not fitting in, and I was aware of the social hierarchy and longed to be best friends with the popular girl. In a study done, it was found that being liked by peers by a very important factor to some children; in children with a high negative emotional affect, their negative emotionality only worsened when they were less liked by their peers (Bengsston, et al., 2021). This negative emotional affect was classified as either sadness, aggression, or anger. The losing of peer status as well as handling the emotions created a vicious cycle, one that showed that as peers did not care for those with a negative emotional affect, thus those children with a negative emotional affect only worsened as they saw less affection from their peers (Bengsston, et al., 2021). Thus, even as many emotions are forming during this time, as well as a desire to belong and fit in with others, it is a very difficult dilemma to be solved and worked through. It was during this time that I also began experiencing attraction for the opposite gender, and I was very sensitive to rejection from whomever I was attracted to at the moment. Additionally, it was during that age range that I experienced the beginning of puberty, as well as major mood swings. My mom recounted that I would frequently cry, and I remember feeling a disconnect with my sense of reasoning and my emotions where my emotions would take over, but I felt silly (L. Brooks, personal communication, April 25, 2022). This could be that during middle childhood, a majority of cognitive development is changes that take place in the prefrontal cortex, and self-regulation and reasoning are a couple of its many functions (Wong, et al., 2021). Additionally, during this time I began to understand for myself that there is a spiritual realm, and I began to adopt my parent's religious principles for myself. It was during this time that I became "saved," and trusted Christ as my savior. Middle childhood was both a peaceful and tumultuous time, one that provided much growth and development.

In early adolescence is when much of my personal development and life circumstances happened. When I was fourteen years old, my family moved six hours away to another state, leaving the town in which I had grown up and lived for 11 years. This transition took several months, as my father had secured a job, but not a house for my entire family. He would be gone during the week to return on the weekends. It was then that I became very anxious and couldn't sleep at night, for fear that something would happen to my family and my dad wouldn't be there to protect us. Aside from this anxiety, I also became very sad and exhibited more serious depressive thoughts and symptoms. In a study done on adolescents who had moved, there was found to be a greater likelihood that the adolescent would experience more or less depressive symptoms based on the amount of social support received, and from whom it was received (Simoni and Bauldry, 2018). The social support examined included teachers, parents, friends, and other adults. It was shown that those who moved in adolescence were likely to have lower social support from parents, but not from teachers and friends (Simoni and Bauldry, 2018). Additionally, those who had less social support were more likely to experience more depressive symptoms (Simoni and Bauldry, 2018). When I moved, I experienced less social support from friends and teachers, but I did have more support from parents and other adults in my life.

Within this early adolescent stage of development, identity development is extremely important. When I was in this age range, I dated an individual for several years, and throughout those years, I strove to be the woman that he wanted. He was very open about how he wanted a lifelong partner to be, and I unconsciously began to change the way I thought and acted in order to please him and gain his adoration. It is during this life stage that Erikson identifies the development of an adolescent's own identity and self-concept that they construct (Wong, et al., 2021). There are several different identity stages, one being moratorium, where an adolescent

may frequently change what they wear or a stereotype or ideal with which they identify (Wong, et al., 2021). This search is concluded when identity achievement is grasped, which happens when an individual has explored their identity and settled upon their own (Wong, et al., 2021). Sometimes, identity closure is also grasped, which is when an individual may achieve their identity but continue to reform it later on (Wong, et al., 2021). Even though I thought I had settled on an identity, I scrapped it and continued to explore throughout late adolescence as well by trying to conform to others around me. While in the latter years of early adolescence, I also began my first job, planned my high school graduation, and began college. As I was taking responsibility in all of these things, I expressed very little risky behavior. Individuals in this stage of development begin to experience moral behavior as resulting in positive emotions, and immoral behavior resulting in negative emotions, such as guilt or shame (Wong, et al., 2021). It is in this stage where an adolescent's moral ideals begin to become their own, not just what their parents directed them to think (Wong, et al., 2021).

Finally, late adolescence is my current developmental stage. It is during this stage where an individual begins to take more responsibilities and make more choices that have a greater weight and impact on the future than before. During this time, I was finishing an undergraduate program that included a minor in addiction studies. While studying the societal and personal issue of substance use disorder, I discovered that addiction was an extremely multi-faceted issue that did not have a straight-forward solution. It is extremely complex, and I puzzled over it trying to understand it better. Within late adolescent cognitive development, an individual may begin to transition to relativistic thinking within Perry's theory of epistemic cognition, where said individual begins to realize that many issues are not dichotomous, but rather contain many truths (Wong, et al., 2021). This is also an example of Piaget's postformal thought, where an takes

more than one facet of a dilemma and integrates the various facets, emotion, and rationality to make an informed decision or opinion (Wong, et al., 2021). In this stage, greater independence is desired, as seen when individuals may move out of their parents' house. For myself, I lived in my parents' home until I graduated college and got married. For many of those in college, this is a greater feasibility than moving out on one's own (Burn and Szoeki, 2016). As adult children continue to remain in their parents' home, there may be quarrels as many adult children desire that their parents adjust their own expectations since their child is now an adult, but they usually remain to maintain high standards of their own parents (Burn and Szoeki, 2016). However, the arrangement can be beneficial and lead to a stronger parent-child relationship later on in life (Burn and Szoeki, 2016). This was the case for me. I would quarrel with my parents because I felt they expected too much of me, which I felt stifled my independence. Realistically, I did do a lot for my parents, but they asked a lot of me because I lived in their home. Because we were able to work through those conflicts, my parents and I have a stronger relationship now. Another part of development is Erickson's intimacy versus isolation. Those in late adolescence generally desire an intimate relationship, and if unable to resolve this crisis, may result in loneliness and isolation (Wong, et al., 2021). Within this desire for intimacy, there is necessary giving up of self for the other person; this time of development is characterized by building intimate relationships, and whether continuing in commitment, or breaking them off while learning how to create stronger relationships later in life (Wong, et al., 2021). This was a direct development through which I went when I married my now husband. This type of successful commitment requires an understanding and formulation of an individual's own identity first (Wong, et al., 2021).

Finally, there is early and middle adulthood which I have not yet reached. These are unique stages of development, where an individual has fully grasped their identity, and have

settled into a career. Oftentimes, this is where cognitive and physical decline may begin to appear, and when habits formed at an early age begin to reap their consequences, whether good or bad. One of the habits that I have formed that will decrease physical decline in older age is that I am very active, working out five to six days a week. This includes much running, and some strength training. In a study performed, it was found that even short-term cardio, or exercise that increased heart rate, was beneficial in increasing the plasticity of the brain, reducing cognitive aging (Chapman, et al., 2013). I have established healthy habits of exercise, and fairly healthy eating habits. However, I do not sleep as much as I need to, and I drink too much caffeine. Other topics for continued study may be the effects of sleep on cognitive function and physical activity in older adults, and the effects of long-term caffeine use in late adulthood.

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Benchmark Essay: Trauma, Development, and Spirituality

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Abstract

Although religion and spirituality are often taboo subjects within mental health care, more research is being done into the protective and supportive aspects of spirituality in the cases of childhood trauma. Research has been done that supports the association of religiosity and protective aspects, such as self-regulation in both emotions and behavior, as well as a decrease in cortisol rhythms associated with chronic stress (Brewer-Smyth and Koenig, 2014; Wong et al., 2021). Religiosity is also associated with greater forgiveness towards others and oneself, instead of retribution or self-medication (Brewer-Smyth and Koenig, 2014). Additionally, spirituality is associated with greater well-being and coping mechanisms within adolescent females in India with adverse childhood experiences (Santoro, et al., 2016). Adolescent males with adverse childhood experiences expressed a greater desire to connect with a Higher Power (Santoro, et al., 2016). Overall, religiosity and spirituality provide the social support and protective factors that promote resilience in the face of childhood trauma.

Keywords: religiosity, spirituality, childhood trauma, resilience

From the early ages of toddlerhood, resilience or lack thereof is fostered within children. According to Wong et al., in *Counseling Through the Lifespan*, resilience is adapting and adjusting to stressors in life, such as hardships, loss, or trauma (2021). These stressors can take a developmental toll on a child, but some different factors that may be present in a child's life can act as protective agents for those children who are at-risk. Some of these protective factors can be within the child, such as the ability to self-regulate their own emotions and behavior; other protective factors include external influences, such as proactive parents, a social support system, or religion and spirituality (Wong, et al., 2021). There have been many studies exploring how spirituality may be protective factors in a child's life and may help a child maintain an overall sense of wellbeing despite stressful circumstances. In the journal article, "Could Spirituality and Religion Promote Stress Resilience in Survivors of Childhood Trauma," Brewer-Smyth and Koenig state that in a study with female inmates, lack of forgiveness towards themselves and others had previously lead to self-medication through substance abuse, and often having been under the influence at the time the crime was committed (2014). In contrast, religious and spiritual groups often encourage forgiveness and not retaliation or bitterness, which could lead to lower cortisol (Brewer-Smyth & Koenig, 2014). Similarly, women who had early life stressors, such as childhood trauma, yet had high to medium religiosity, experienced healthy rhythms of cortisol, which is the inverse rhythm of those with chronic stress. Additionally, women with low religiosity still experienced decreased rhythms of cortisol. Some religiosity is also associated with lower rates of how stress takes a toll on the body (Brewer-Smyth & Koenig, 2014). Religion and spirituality may also aid in resilience by providing through an external community with religious meetings, and internal support, with support from the Divine (Brewer-Smyth and Koenig, 2014). Some religious groups that take the individual's attention away from the stressor

and possibly help them create meaning through a traumatic event help promote resilience through what is renewal of the mind (Brewer-Smyth and Koenig, 2014). However, those religious groups whose primary focus is on personal wrongdoing and evil, retribution, and anger of the Divine are less likely to promote resilience and could potentially have an inverse effect (2014). In the study “Adverse Childhood Experiences and Religiosity/Spirituality in Emerging Adolescents in India,” Santoro, et al., state that spirituality is seen to promote an overall feeling of well-being despite various stressors in key developmental periods, as well as provide potential interpretive meaning for these adverse experiences (Santoro, et al., 2016). The authors found that an overall feeling of well-being was associated significantly with religiosity among the females of the study (Santoro, et al., 2016). Additionally, greater adversity was associated with an increased desire to connect with a Higher Power for males, while greater adversity meant an increased religious coping for females (Santoro, et al., 2016).

Overall, religious or spiritual leanings help an individual cope and develop an overall sense of well-being through various mechanisms. This includes the ability to regulate one’s own emotions and behavior, as well as forgive oneself and others as opposed to retribution (Wong, et al., 2021; Brewer-Smyth and Koenig, 2014). Because religious opportunities are often cost effective means of providing support to those who have endured childhood trauma, more research should be done into the type of religious or spirituality, and how mental health care providers can help facilitate a sense of spirituality within their clients.

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