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ABSTRACT

Current literature indicates the positive effect of a spiritual or religious orientation on recovery from alcohol abuse, drug addiction, codependency, and child sexual abuse, and as a personal control against deviant behavior in adolescents. Yet spiritual resources have been underutilized not only in prevention but in intervention programs. This study examined the potential relationship between reported spiritual outlook, religious practice, and an individual's resilience in relation to antisocial behavior in subjects who have reported experiencing physical or sexual abuse during childhood. Hypotheses were: (1) High spirituality scores will be correlated with low levels of antisocial behavior; (2) Higher scores of religiosity will be correlated with low levels of antisocial behavior; and (3) Low levels of antisocial behavior will be correlated with stronger resiliency behaviors and attitudes. Three groups of adolescents and adults completed a questionnaire. Results showed that individuals who were abused as children reported higher levels of intrinsic spirituality and religious orientation than those not abused. For abused and nonabused alike, higher intrinsic spirituality and religious orientation scores also matched lower antisocial behaviors and higher resiliency behavior scores. According to stepwise regression results, the presence of antisocial behaviors can be predicted based on religiosity, intrinsic spirituality; and gender. (Contains 36 references.) (EV)

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"Spirituality & Religiosity as Factors in Adolescents' Risk For Anti-social Behaviors and Use of Resilient Behaviors"

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INTRODUCTION

Child abuse killed five Florida children in one week (Tallahassee Democrat, Sept. 15, 1997). Child abuse reports increased 31% between 1985 and 1990, with almost three million children being reported to child protective agencies as victims of child maltreatment in 1992 (Mollerstrom, Patchner, and Milner, 1995). Child abuse and neglect are prevalent in our society. Clinicians need a theoretical model enabling successful holistic prevention and treatment responses to this phenomena. Human ecology offers such a model.

Bronfenbrenner's (1979) ecological model of human development illustrates the interaction between a growing organism and its environment. His five subsystems components link an individual to his or her environments over time. Individuals are actively involved with their surrounding systems, most immediately as members of a family (microsystem). Systems are dynamic, leading to the potential of individuals and social systems to change. Due to interdependence of within-system components, created systems are greater than the sum of their parts. And, change by one element of the system causes change in the other parts.

Values of individuals within families affect relations with other systems. According to Bubolz and Sontag (1993), "basic moral values of human ecology are grounded in the interdependence of humans and nature and in the need for humans to live with one another." On the premise that religious orientation and/or spirituality are microsystem values, relationships to mesosystems such as church and school will be affected. Exosytems such as a child's relationship between home and the parent's workplace, and macrosystems such as culture, will also be affected. Such influences are recursive, with potential changes over time (chronosystem).

Garbarino (1977) used human ecology as a basis for his conceptual model of child maltreatment. Human ecology theory has also served as the theoretical basis for research on post-separation families and emotional abuse of children (Preston, 1986), married persons with an alcoholic spouse (Finney, Moos, Cronkite, and Gamble, 1983), adolescent part-time employment and development (Steinberg, 1982), and self-injury (Jarvis, Ferrence, Whitehead, and Johnson, 1982). A current search of the literature produced no journal articles or texts on human ecology theory and spirituality, spiritual orientation, religion, or religious orientation.

Current literature indicates the positive effect of a spiritual or religious orientation in recovery from alcohol abuse, drug addiction, and codependency (Brown and Peterson, 1991; Carroll, 1993; Morrell, 1996; Warfield and Goldstein, 1966). Valentine and Feinauer (1993) linked spirituality with resiliency in twenty-two survivors of child sexual abuse. Rohrbaugh and Jessor (1975) reported the positive role of religion as a personal control against deviant behavior in adolescents.

Yet, spiritual resources have been underutilized not only in prevention but also in



intervention programs and implementation for recovery from child abuse. Asen, George, Piper, and Stevens (1987) suggested a systems approach to management and treatment of child abuse, emphasizing the observation of behaviors, with subsequent treatment, in a controlled day unit setting. Barton's (1994) recommendation for in-home treatment includes no consideration of spirituality or religious orientation. Kolko (1996) points out that cognitive and behavioral treatments have not demonstrated a confirmed reduction in anti-social behaviors. In his recommendations for intervention and treatment improvements, he omits any reference to religious participation or spirituality of subjects. The United States Air Force response to treatment of child abuse excluded the use of it own chaplains (Mollerstrom, Patchner, and Milner, 1995). In her suggestions for building resilience in infants and young children at risk, Poulsen (1993) omits any reference to sources of spiritual health in the list of "family supports." Ray and Murty (1990) reported practitioners' conscious omission of clergy as resources in providing rural child abuse prevention and treatment aid. Green's (1993) review of progress in child abuse intervention and treatment did not include any reference to the role of religious or spiritual involvement. Ray and Murty attributed clergy usage omission to the practitioners' own lack of religious involvement. The other literature provided no explanations for the omissions.

Resilience can be operationally defined in at least two ways. First, resilience includes the presence of positive coping attributes, such as an active approach to solving life's problems, the knowledge that pain accompanies growth, an ability to find emotional support outside the family, and the ability to use faith to make life meaningful (Warner, 1984). Second, resilience might be identified through the absence of lower self-esteem, substance abuse, antisocial behavior and other high risk behaviors (Benson, 1993).

Children physically or sexually abused are more likely than non-abused peers to experience negative self-image (Valentine and Feinauer, 1993). Such children experience problems in interpersonal relationships and exhibit reduced psychosocial functioning (Rossetti, 1994). They are more likely to suffer substance abuse, anxiety disorders, and sexual dysfunction (Browne and Finkelhor, 1986; Green, 1993; Ray and Murty, 1990; Rossetti, 1995; Silverman, Reinherz, Giaconia, 1996). Clinicians and researchers have not accomplished treatment consistency and cumulative effectiveness (Nelson-Gardell, 1995), indicating a need for broader models. As mentioned earlier, of the common recovery treatments (individual, family, group therapy; community intervention through social or governmental agencies), spirituality is rarely incorporated into the typical recovery process. Resiliency examines factors such as adaptation, ability to overcome stressful events, competence, self-esteem, and temperament, but references to spirituality or religious practice are usually omitted (Brooks, 1994; Garmezy, 1993; Luthar, 1991; Poulsen, 1993; Tschann, Kaiser, Chesney, Alkon, and Boyce, 1996).

Several faith-/church-based agencies treat adolescents who are identified as abused such as Boystown, Boysville, and Covenant House. In these programs abuse recovery is not the main focus. These programs focus on perceived spiritual deficits and providing for the physical needs of the clients. Consequences of the abuse itself may be considered to be treated after the spiritual emptiness has been addressed and corrected.

Empirical literature on faith-/ church-based treatment programs linking spirituality and religiosity is scant. The Search Institute (Benson, 1993) reported an apparent link between church/synagogue involvement and overall resiliency as defined by a lack of high risk behaviors. However, the researchers did not report any link between abuse, resiliency, and spiritual orientation or religious participation.

Rossetti (1994) studied the impact of being sexually abused as a child by a priest and the



resulting attitude of the individual toward God and the Catholic church. He compared individuals abused by a priest, abused by someone other than a priest, and those not reporting abuse. According to his results, a negative impact on spirituality and alienation from the church can be attributed to sexual abuse during childhood. But, his study omits the potential role spirituality and/or religiosity might play in recovery from such abuse. Valentine and Feinauer's (1993) study of Latter Day Saint adult women who were sexual abuse victims during childhood reports a relationship between adult faith and resiliency, especially in the area of self-worth. Resiliency was defined by the ability to overcome early experiences of sexual abuse, and arrive at a sense of peace and satisfaction in adult life. In adult populations, several other authors report a connection between recovery from substance abuse and an active spiritual or religious life (Carroll, 1993; Morrell, 1996; Newton, 1995; Warfield and Goldstein, 1996).

Bronfenbrenner's human ecology model recognizes the potential role of the church or other religious settings in family and individual environments (Bronfenbrenner, 1979). Spirituality and religious life issues encountered in these environments are generally components of the church and other religious settings.

Spiritual outlook and religious practice include lifestyle principles — beliefs that directly & indirectly affect attitude, relationships, and self-assessment (Carroll, 1991; Morrell, 1996; Newton, 1995; Rossetti, 1994; Warfield and Goldstein, 1996). Warfield and Goldstein define spiritual outlook in terms of Whitfield's (1984) assessment of "attitudes that are based on beliefs about our relationships with our self, with other human beings, with our world, with life, and ultimately with God, a Higher Power, or 'Universal Consciousness'". Allport (1967) created a scale to measure intrinsic and extrinsic spiritual resources. In this study, the more the use of intrinsic resources as evidenced by a relationship with a "higher power," the greater one's spirituality. The greater the use of extrinsic resources, the more the individual tended to use religion to accomplish his or her own end.

Rohrbaugh and Jessor (1975) referred to "religious practice" as religiosity, an attribute of personality referring to cognitive orientations about a transcendent reality and about one's relation to it. These orientations have direct impact on daily, secular life, and participation in ritual practices. For this study, the greater involvement an individual demonstrates in religious ritual practices, the higher the religiosity. Werner and Smith's (1989) 30 year longitudinal study of indigenous Kauai youth supports a model of resilience including a religious participation and/or spirituality. In this study subjects emphasized clergy as the most important link in rural settings between the family with resilient youth and the community at large, as was a family faith that supported successful problem solving and coping with stress. The reported family faith was not specified according to denomination or religion.

PURPOSE AND HYPOTHESES

The purpose of this study is to examine the potential relationship between reported spiritual outlook, religious practice, and an individual's resilience in relation to antisocial behavior in subjects who have reported physical and/or sexual abuse during childhood.

The hypotheses generated for use in the study include the following:

- 1. High spirituality scores will be correlated with low levels of antisocial behavior.
- 2. Higher scores of religiosity will be correlated with low levels of antisocial behavior.



3. Low levels of antisocial behavior will be correlated with stronger resiliency behaviors and attitudes.

METHODOLOGY

Data were collected through purposive sampling using a self-report questionnaire administered in group settings by the authors or their representatives during January 1997. The questionnaire was administered to three groups of adolescents and adults ranging from age 18 to 49 in three southeastern states at three universities. A total of 367 surveys were completed, including 75% by females and 25% by males. Eliminating cases with missing data and for those over the age of 25, the final analyzed sample of 235 included 168 (71.5%) females and 67 (28.5%) males. Of this total, forty-four individuals (39 females, 5 males) reported either physical or sexual abuse. Ethnic representation included thirty-four Caucasians, two of Spanish descent, five African-Americans, one Italian, and two unidentified. Current social economic status using the Hollingshead Index Scale indicated a predominance of middle class respondents.

The authors constructed a 140-item questionnaire to use as a data collection instrument. Eighteen items related to demographics, such as age, gender, birth order, ethnicity, religious affiliation, and socioeconomic status. Allport's 20-item Spirituality Scale, consisting of two Likert-type subscales (intrinsic and extrinsic) measured spirituality. Persons with an intrinsic orientation find their master motive in religion; in essence, these people live their faith. Other needs, strong as they may be, are regarded as of less ultimate significance, and are brought into harmony with the religious beliefs and prescriptions. Those with an extrinsic orientation tend to use religion for their own ends; values are instrumental and utilitarian. (Allport, 1967).

The complete spirituality scale had a Cronbach alpha of .71. The intrinsic subscale included such items as "I try hard to carry my religion over into all my other dealings in life. a) I definitely disagree, b) I tend to disagree, c) I tend to agree, d) I definitely agree." The extrinsic subscale contained items such as "A primary reason for my interest in religion is that my church is a friendly social activity," with the corresponding answers of a) definitely not true of me, b) tends not to be true, c) tends to be true, d) clearly true in my case. Corresponding Cronbach alphas for our sample were .85 and -.01, respectively. The adjustment of six negatively correlated items raised the full scale alpha to .86 (from .71), the intrinsic subscale to .87, and the extrinsic to .58. The 20 items can be scored as one continuous scale, but it is often scored as two separate scales for the purpose of identifying intrinsic, extrinsic, and religiously indiscriminate orientations (Allport and Ross, 1967; Mullen, 1989). For the purpose of this study, the revised scale with a higher score indicating intrinsic orientation was used. Subjects who score as intrinsic are hypothesized to possess greater levels of spiritual resources than extrinsic subjects (Allport and Ross, 1967).

The Rohrbaugh-Jessor Religiosity Measure included subscales to reflect four types of religiosity: ritual; consequential; ideological; and experiential. "Ritual" refers to participation in religious rituals and observances (How often have you attended religious service this year?

____times). "Consequential" concerns involvement with religious teachings resulting in a concern for and awareness of moral issues and standards for appropriate conduct (When you have serious personal problem how often do you take religious advice or teaching into consideration? a) almost always, b) usually, c) sometimes, d) rarely, e) never). "Ideological" refers to belief concerning the nature of a deity (Which of the following statements come closest to your belief about God? a) I



am sure that God really exists and that God is active in my life. b) Although I sometimes question God's existence, I do believe in God and believe God knows of me as a person. c) I don't know if there is a personal God, but I do believe in a higher power of some kind. d) I don't know if there is a personal God or a higher power of some kind, and I don't know if I will ever know. e) I don't believe in a personal God or in a higher power.). "Experiential" concerns how an emotional religious experience can generate a devoutness or reverence resulting in an obedience orientation (During the past year, how often have you experienced a feeling of religious reverence or devotion? a) almost daily, b) frequently, c) sometimes, d) rarely, e) never). This scale has high internal reliability with a Cronbach alpha of .90 (Rohrbaugh & Jessor, 1975). The corresponding alpha for our sample was .90. The spirituality and religiosity scales, as used, positively correlated with each other (p<.001 significance level using the Pearson Product Moment Correlation).

The Rosenberg Self-Esteem scale is a 10-item Likert-type scale designed to measure feelings about self-competency and self-worth. This scale includes items such as "On the whole, I am satisfied with myself' and "I am able to do things as well as most other people." Respondents answer according to 0) strongly agree, 1) agree, 2) mixed feelings, 3) disagree, 4) strongly disagree. After reverse scoring the responses, higher scores indicate stronger levels of self-competency and -worth. The Cronbach alpha for this scale was .89.

The Asset/Deficit subscale of the Search Institute Developmental Survey (Benson, 1993) provides a means for measuring adolescents' participation in prosocial activities and positive interpersonal and familial relationships. It also provides a vehicle for self-report in the areas of substance abuse, negative interpersonal and familial relationships, and other high risk behaviors. The 16 item Likert-type asset portion of the subscale used for this study had a Cronbach alpha of .79, and included items such as "At school I try as hard as I can to do my best work," scored according to Strongly Agree, Agree, Not Sure, Disagree, and Strongly Disagree. The 22 item anti-social behavior portion had a Cronbach alpha of .89. It included items such as "During the last 12 months, how many times have you...damaged property just for fun? a) never, b) once, c) twice, d) 3-4 times, e) 5 or more times." Items were scored such that higher scores indicated higher levels of anti-social behavior.

Resiliency behaviors and attitudes were measured by a 4 item Likert-type scale based on characteristics in common between resilient children (Warner, 1984). Statements included "I take an active approach toward solving life's problems" followed by the answer choices of a) never, b) sometimes, c) always. Resiliency relationships were measured by three items included by the authors such as "How important is a close friend in helping you cope with life?" with available answers of a) a great deal, b) a lot, c) some, d) not at all. Cronbach's alpha for the resiliency behaviors and attitudes scale was .61. The resiliency relationships scale produced a Cronbach's alpha of .29. Due to the low alpha for the resiliency relationships scale in this sample it was excluded from further analysis.

RESULTS

Pearson correlations for the data indicated that high religiosity scores were correlated with high intrinsic scores ($p \le .001$). High religiosity scores and high intrinsic spirituality were correlated with fewer antisocial behaviors ($p \le .001$) High religiosity and intrinsic spirituality were correlated with more assets ($p \le .001$) and resiliency ($p \le .05$) as well. An inverse relationship between antisocial behavior and assets ($p \le .001$) was found. Resiliency was also inversely related with antisocial behaviors.



Using stepwise regression spirituality, resiliency, abuse, age, and ethnicity were not found to contribute significantly to the variance in antisocial behaviors for this sample. However, a stepwise model including religiosity (r = .18, $p \le .001$), assets (r = .21, $p \le .01$), and gender (r = .22, $p \le .04$) contributed significantly to the variance in antisocial behaviors.

T-tests were performed to examine for differences in groups for age, ethnicity, abuse, and gender. No significant variables were noted by age. For ethnicity, Caucasians were more likely than non-Caucasians to report that they "learn and grow from painful experiences" (t = -2.01, df=233, p=.04). In terms of gender, females were more likely to score higher on religiosity (t = -2.49, df=233, p=.01), "have a strong ability to make life meaningful" (t = -2.17, df=233, p=.01), and to "count on a close friend to help cope with life" (t = -2.29, df=233, p=.02). Females were also more likely to score higher on intrinsic spirituality (t = -2.17, df=233, p=.03) than males. Subjects reporting physical or sexual abuse were more likely to score higher on intrinsic spirituality than those subjects reporting no abuse (t = 1.97, df=233, p=.05). When compared to females, males scored significantly higher on measures of antisocial behavior (t = 2.96, df=218, p=.003).

DISCUSSION

In this study, individuals abused as children reported higher levels of intrinsic spirituality and religious orientation than those not abused. For abused and nonabused alike higher intrinsic spirituality and religious orientation scores also matched lower antisocial behaviors and higher resiliency behavior scores. According to the stepwise regression results, the presence of antisocial behaviors can be predicted based on the results of religiosity, intrinsic spirituality, and gender.

At first glance it would appear that the data supported all three hypotheses. Several limitations must be considered in reviewing the results of this pilot study. Data was collected from undergraduate volunteers at universities in three states in one part of the country. Such a localized purposive sample may have provided skewed results not representative of a normal population. Expanding the sample population to other areas of the country, collecting data from both college and non-college students, and using random sampling would improve credibility and generalizability. Future samples should be stratified for further investigation in the areas of gender, ethnicity, history of abuse, and faith denomination.

The small number of sexual and physical abuse reports required a merging of both types into one N of 44 out of a total usable sample of 235. The authors were concerned about data skewness, and thus unable to run several possible statistical analyses comparing control and target groups. An increase in abused sample size would most likely increase the power of analyses undertaken, and allow for the use of a greater variety of instruments.

The length of the questionnaire may explain the number that were only partially completed. Shortening the instrument length may increase the response and completion rates.

The concepts measured by use of the scales chosen for the purposes of this study present difficulty in assessing younger individuals due to their abstract nature. However, it would be invaluable to study current use of spirituality and religious participation in children's current coping with patterns of abuse as opposed to perceptions of past behavior and current resiliency.



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