

Messianic Judaism and Its Effect on Religiosity, Substance Abuse, and the Law

Etery Nalbandyan

A Dissertation Submitted to the Faculty of
The Chicago School of Professional Psychology
In Partial Fulfillment of the Requirements
For the Degree of Doctor of Psychology

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Abstract

The purpose of this study was to investigate the relationship between religiosity and substance abuse. Substance abuse is a common problem in society and many individuals struggle with drug addiction. Religion has been used as a means of reducing substance abuse and is utilized in substance abuse recovery programs such as Narcotics Anonymous. This quantitative study aimed to analyze the consequences related to substance abuse and the role of religiosity as a protective factor. Based on the results, the null hypothesis failed to be rejected in that there is no difference in drug abuse between low and high church influence groups.

Table of Contents

List of Tables v

List of Figuresvi

Chapter 1: Introduction 1

 Background of the Problem 1

 Problem Statement3

 Research Questions and Hypotheses3

 Theoretical Framework 4

 Definition of Terms7

 Outline of Remaining Chapters8

Chapter 2: Review of the Literature.....9

 Chapter Overview9

 Religion9

 Messianic Judaism 12

 Substance Use and Religion 13

 Messianic Judaism 13

 Spirituality 14

 Religious and Spiritually Oriented Interventions 15

 Prayer 15

 Meditation..... 15

 Mindfulness 16

 Spiritual Journaling 16

 Forgiveness..... 16

Substance Abuse	17
Religiosity as a Protective Factor.....	19
Religiosity in the Treatment of Addiction	21
Religiosity and Substance Abuse in Adolescents and Young Adults	23
Religiosity and Overall Wellbeing.....	29
Religiosity and Treatment Outcomes	31
Negative Effects of Religion/Religiosity.....	33
Risk factors of Religion/Religiosity	33
Spirituality, Religion, Substance Abuse, and Mental Health	35
Center for Disease Control and Prevention	37
World Health Organization	38
Implications of Religion and Drug Use.....	38
Advantages and Disadvantages of Religion in Substance Abuse Treatment	40
Perceptions and Attitudes about Religion	42
Chapter 3: Research Design and Methods	44
Chapter Overview	44
Restatement of Problem	44
Research Questions	44
Design.....	45
Participants	46
Procedures.....	46
Instrumentation	47
Independent Variables.....	47

Dependent Variable.....	48
Data Analysis.....	48
Limitations.....	49
Ethical Assurances.....	49
Summary.....	49
Chapter 4: Results.....	51
Introduction.....	51
Data Analysis.....	51
Sample.....	52
Analysis 1.....	52
Data Cleaning.....	53
Assumption Checking: Normality, Homogeneity of Variance.....	54
Analysis 1 Results.....	55
Analysis 2.....	55
Data Cleaning.....	56
Assumption Checking: Normality, Linearity, Homoscedasticity.....	56
Analysis 2 Results.....	58
Summary.....	59
Introduction.....	60
Summary of Findings.....	61
Discussion of Results.....	62
Implications for Practice.....	64
Recommendations for Future Research.....	64

Summary.....	65
References	67

List of Tables

Table 1. Demographic Description of Participants Included in Analyses46

Table 2. Analysis 1 Descriptive Statistics: Substance Abuse.....47

Table 3. Skew and Kurtosis for Dependent Variable for Analysis 14**Error! Bookmark not defined.**

Table 4. Descriptive Statistics for Variables in Regression Analysis50

Table 5. Skew and Kurtosis for Length of Church Membership Variable.....51

Table 6. Model Summary Generated from Regression Analysis53

List of Figures

Figure 1. Standardized residuals of substance abuse against standardized predicted values52

Chapter 1: Introduction

Background of the Problem

Substance abuse is a common problem in society and many individuals struggle with drug addiction. Substance abuse is becoming one of the nation's significant pressing issues particularly within the United States. Substance abuse negatively impacts one's health physically and emotionally, and could possibly lead to death. The abuse of alcohol and illegal drugs account for more than half a million deaths and cost more than 400 billion dollars in healthcare, criminal justice expenses, and social welfare (Robert Wood Johnson Foundation, 2001). Substance use and abuse is often the cause of car accidents, suicide, homicide, and conduct problems. As a result, researchers have been reviewing the relationship between religiosity and substance abuse in order to determine the role of religious interventions on the treatment of substance abuse (Luchetti, 2014).

Religion and spirituality, which are often used interchangeably, play a significant role in many people's lives and for some, religion may be vital in overall wellbeing. Many studies support the proposition that religion and spirituality are integral protective factors against substance abuse (Merill, Folsom, & Christopherson, 2005). Since religion, spirituality, and mental health share a common goal of alleviating emotional suffering through internal reflection and discovery of the self, the research findings might determine whether religiosity and spirituality, can prove to reduce substance abuse in individuals.

Religiosity and spirituality can often be thought of as coinciding, as well as different constructs at the same time. Religiosity includes spirituality, as the ideas correlated with religiosity indeed are spiritual. However, these two concepts are different; religiosity focuses more on beliefs, activities, and rituals specific to a religion, whereas spirituality's focal point is

the relation between a person and a higher power. Hodge (2003) stated that spirituality focuses more on the internal, whereas religiosity is determined by external elements. Individuals apply these concepts in varying ways which displays a clear difference between spirituality and religiosity. For example, one can be spiritual but not religious. An individual can believe in a power higher but not believe in a god specific to a religion nor practice the rituals specific to that religion, as stated above.

Many religions such as Christianity, Judaism, and Islam are against substance abuse (Marsiglia, Kulis, Nieri, & Parsai, 2005). Beliefs, affiliation, and attendance are three different aspects of religious involvement that may have an influence on drug use. However, an individual may attend a religious organization but not share their beliefs or an individual may not attend a religious organization and still share their core religious principles. Regardless of what religion a person is affiliated with, individuals who attend church continually have lower rates of drug use than those who do not attend regularly (Wallace, Brown, Bachman, & LaVeist, 2003).

In 2001, The American Religious Identification Survey (ARIS) collected demographic information across the United States in regard to religious association. Approximately 81% of individuals identified with a religious group/affiliation across the nation (Keysar, 2014).

Lukoff, Turner, and Lu (1992) suggested that religion and spirituality are “among the most important factors which structure human experience, beliefs, values and behavior, as well as illness patterns” (Westefeld & Ansley, 2008, p. 18). Over 90% of Americans state a religious preference (Princeton Religious Center, 1996). Most Americans signify some faith in a higher power and are involved in churches, synagogues, mosques, and other places of worship (Hodge, 1996). As a result, religion is clearly an important facet in the lives of the majority of Americans.

Problem Statement

Substance abuse has many negative consequences and there is no definitive way to protect against or cure substance abuse. Therefore, determining whether religiosity serves as a protective factor against substance abuse will inform groups aimed at preventing or treating substance abuse. Although there is a plethora of research on religion as a protective factor against substance abuse, there is little research done on specific congregations. This study was conducted to gain clear insights about a specific Messianic Congregation in the southwest, which welcomes those who have had a difficult past with substances and gives them a religious foundation that helps, allows, and encourages them to change. This program differs from Alcoholics Anonymous and Narcotics Anonymous because it is denominational.

Research Questions and Hypotheses

Research Question 1: Is there a difference in levels of substance abuse between individuals with high levels of religiosity and individuals with low levels of religiosity?

H_0 1: There is no difference in levels of substance abuse between individuals with high levels of religiosity and individuals with low levels of religiosity.

H_A 1: Individuals with high levels of religiosity report lower levels of substance abuse compared to individuals with low levels of religiosity.

DV: Substance abuse scores

IV: Religiosity (high, low)

Statistical Analysis: independent-samples *t*-test

Research Question 2: Is there a relationship between length of church membership and levels of substance abuse?

H_02 : There is no relationship between length of church membership and levels of substance abuse.

H_A2 : Longer church membership is associated with lower levels of substance abuse.

Criterion Variable: Substance abuse scores

Predictor Variable: Length of church membership (in years)

Statistical Analysis: simple linear regression

Theoretical Framework

In seeking to develop a greater comprehension of religiosity and substance abuse, it is useful to consider the psychoanalytic theory. Post-Freudian theory has presented different ways of conceptualizing religious experience, specifically with Carl Jung. Carl Jung was significantly influenced by Freud, and as a result, he founded a system of psychology he named analytical psychology (Jung, 1959). Analytical psychology offered an extended examination of mankind's personal and cumulative realities by measuring the human psyche, which consists of conscious and unconscious components. Furthermore, Jung furthered Freud's idea of the unconscious by describing the collective unconscious, which consists of mankind's common mythological past (Jung 1959).

Psychology and religion share a mutual purpose, in that they offer ways to alleviate emotional suffering, assist with coping with life's struggles, and uncover the purpose in one's life. The concept of the psyche, or the innermost self of personality that manages the exterior reality of tangible objects, is the foundation of Jung's psychological system (Jung, 1959). Jung (1959) suggested that the psyche is a mixture of idea, soul, and spirit and that psychic reality is the total of conscious and unconscious means. Jung saw the spiritual and religious components of his work as being paramount to mental health. He suggested that the unconscious alone is the

main source of our religious and spiritual experience and that the person alone can only achieve enlightenment through a course of meticulous examination of the self (Snowden, 2006).

Jung challenged religious questions from the perspective of an analytical scientist and investigated numerous religious ideologies in his exploration for truths (Jung, 1959). He widely analyzed Eastern religions and examined the various teachings. Jung examined a number of cultures and religious beliefs, and eventually examined his own internal dreams and visions, as well as those of his clients. Captivated by the shared themes that surrounded the religions and cultures of the endless collection of individuals, his conclusion was there is a “collective unconscious,” or an endless, unseen psychic supply shared by all of mankind. The collective unconscious consists of two elements: archetypes and instincts (Jung, 1959). Archetypes are characterized as installments of experiences that have frequently been duplicated throughout the history of the human race. Moreover, they reflect the essential heights of human experience. These patterns exist as energy at a deep level of the unconscious and can be met by nature in dreams or outwardly in religious teachings. The experiencing of an archetype includes emotional awareness, an image or story, similar to a mandala. For Jung, the rise of these from the unconscious was a positive feature of existence that could be used as a tool to help make sense of and clarify psychological and behavioral concerns experienced by an individual. Instincts, like archetypes are deep rooted and shared, and urge individuals to act in particular biologically persistent ways. They are unconscious actions that deeply affect behavior. Jung characterized them as being very traditional in their design and operation.

Jung (1959) suggested that analyzing archetypal stages and comprehending archetypal stories would increase the understanding of how the psyche advances. Succeeding this thought, the individual psyche reflects the cultural development of consciousness, which can be tracked

through documented history. Therefore, through the heroic characters as representations of the archetypes, entry to the unconscious is allowed.

Sigmund Freud saw the unconscious as something that was necessary to be brought to the surface and made conscious. However, Carl Jung felt differently (Jung, 1959). Jung felt that people grow toward entirety when the conscious and unconscious elements of the mind work harmoniously. His profound confidence and embodiment of spiritual and religious ideas were a significant deviation from past beliefs in psychological history, and supplied future inclusions of spirituality and religion in psychotherapy. Carl Jung's theories have significantly influenced present-day cultural, religious, and sociological (Corsini & Wedding, 2005).

Sloane (2002) suggested that psychoanalysis and religion share similarities and have much to offer one another, as both provide ways of comprehending and alleviating human suffering and conflict. Modern psychotherapists and psychologists have abstained from diagnosing spiritual experiences; these experiences are often approached with empathy and awareness. This is exhibited in the *Diagnostic Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association, 2013), which incorporates religious and spiritual problems as a theme for clinical attention. Additionally, the American Psychological Association (APA) has published *Psychology of Religion and Spirituality* (PRS) in partnership with Division 36 (Psychology of Religion; McMinn & Hathaway, 2009). This is the first APA journal committed specifically to religious issues in psychology and has the promise to improve and advance the work being done in the psychology of religion.

Definition of Terms

Religion: Practically, religion has been defined as “that which provides humanity with a worldview which unifies society, which provides a moral code, and within which human beings can orient their lives” (Momen, 1999, p. 28).

Religiosity: Religiosity is the aspect of one’s religious activity, dedication, and belief (Shafranske & Gorsuch, 1984).

Spirituality: Spirituality includes one’s values, beliefs, mission, awareness, subjectivity, experience, sense of purpose and direction, and a kind of striving toward something greater than oneself (Momen, 1999.)

Substance Abuse: “Substance abuse as the maladaptive pattern of substance use leading to clinically significant impairment or distress is manifested by one or more of the following, occurring within a 12-month period: Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g. repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household), recurrent substance use in situations in which it is physically hazardous (e.g. driving an automobile or operating a machine when impaired), recurrent substance-related legal problems (e.g. arrests for substance-related disorderly conduct) and continued substance use despite persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g. arguments with spouse about consequences of intoxication, physical fights).” Additionally, the symptoms for substance abuse have never met the criteria for substance dependence (DSM–5; American Psychiatric Association, 2013).

Outline of Remaining Chapters

Chapter 2 contains a review of the theoretical literature as it pertains to the effects of religiosity and spirituality on substance abuse. Also, it will review current and past literature. Chapter 3 explains the research methodology utilized in the study. It will justify the design chosen and also specify the techniques of data collection and analysis. Chapter 4 describes these processes in details in the relevant chapter of Findings and Evaluation. Chapter 5 contains a re-statement of the main findings and discussion of their trustworthiness, recommendations, and value for future research.

Chapter 2: Review of the Literature

Chapter Overview

This chapter provides a review of the effects of religiosity and spirituality on substance abuse. The review of literature concludes that there is an evident and consistent association between religion and substance abuse behavior. Specifically, those who endorse religious beliefs tend to report lower incidences of substance abuse. Although researchers may define abuse in different ways and examine various substances, no differences have been found between the affiliations of religion and spirituality to substances.

Religion

Religion has been present throughout the history of mankind. Markedly, its lasting nature has enabled it to be one of the most vital elements of mankind. Some have even considered it the essential aspect of mankind, proposing *Homo sapiens* be termed *Homo religiosus* (Marett, 1933). Although difficult to construe, different clarifications of religion will be examined. A conservative definition of religion accredits the relationship between human beings and supernatural reality. Sloane (2002) stated that “religion is based on a fundamental Truth, revealed at a particular moment in history and authoritatively recorded in sacred texts, rituals or codes of behavior that are passed down from generation to generation” (p. 445). Momen (1999) proposed that religion involves of three codependent levels: the individual, the social, and the conceptual level:

- The individual level includes the personal empirical element of religion, or the experience of the “holy.”
- At the social level, all religions are involved in organizing social and institutional union and order, which incorporates the individual into society.

- The conceptual level includes the notion that there exists some Ultimate Reality, and that the goal of mankind is to create and interpret their relationship with this Reality. This is the theoretical element of religion.

Practically, religion has been defined as “that which provides humanity with a worldview which unifies society, which provides a moral code, and within which human beings can orient their lives” (Momen, 1999, p. 28). A thorough examination would be to analyze the difference religion makes in an individual’s life as well as in a society. Relevant to this research, nearly all religions have asserted that they hold specific values that characterize the religious individual from the non-religious individual. Connected to the self, a non-religious individual is said to be selfish, such that his or her concerns are focused on the self. Conversely, a religious individual is said to be selfless (Momen, 1999). Essentially, the faith that is created through religion releases the person from the dictatorship of the self, which causes him or her to be more selfless, and as a result the individual becomes God-centered (Momen, 1999). Though difficult to achieve, the religious model is for the person to be released from adoration and the need for approval from others, considers material possessions and power to be of no value, and is more involved with the common good instead of advancing the self (Momen, 1999).

Christianity

Christianity is the most common religion in the world with approximately 1.7 billion members worldwide (Christianity, 2014). The central element of Christianity is Jesus Christ. What is known of him is discussed through Gospels and in the New Testament of the Bible. Christians emphasize on the importance of prayer and church attendance (Christianity, 2014). Loving God and the love of neighbor are two central commandments to Christianity.

Islam

Islam is a major religion worldwide with approximately 1 billion members. The word Islam means *submission* (Islam, 2014). An individual who practices Islam is a Muslim and freely accepts God's commandments as outline in the Koran (Islam, 2014). Islam believes that Prophets are used to teach humankind righteous moral behavior. Prophets are human and are considered perfect examples for humanity. Prayer is vital in Islam and Muslims pray approximately 5 times a day whether in the home or in a mosque

Mormonism

Mormonism, founded by Joseph Smith in 1830, is considered a worldwide religion with approximately 12 million members. Mormonism is a Christian religion officially known as the Church of Jesus Christ of Latter-day Saints (Mormonism, 2014). Mormonism came about by the notion that Christianity was corrupt and there was a need to restore the Christian Gospel (Mormonism, 2014). Worship consists of prayer, hymns, and church attendance.

Judaism

Judaism is considered one of the oldest religious traditions (Judaism, 2014) which originated in the Middle East. The essential belief of Judaism is radical monotheism meaning that God created the universe and continues to fortunately govern it. A second essential belief is the Covenant between God and the Jewish people which occurred traditionally at Sinai. The Jewish people acknowledged God as their King and agreed to obey his laws. In return, God would be good to his people and provide them with essential resources. Jewish dietary law is essential to Judaism. Certain animals are considered unclean to eat and should be avoided (Judaism, 2014).

Conservative, Reformed, and Orthodox Judaism

The various sects of Judaism are considered movements and the differences are mainly how literally the scripture is taken as well as the biblical requirements. Orthodox Jews maintain the most traditional beliefs of Judaism. They observe Jewish dietary laws and keep kosher, attend religious services, and dress in accordance with the religion. Women wear head coverings and dress modestly and in orthodox synagogues, men and women sit in different areas (Satlow, 2006).

Reform Judaism does not follow traditions that they find may be fanatical or dogmatic. Reform Jews focus more on faith rather than keeping up with the tradition rituals (Satlow, 2006). Unlike Orthodox Jews, Reform Jews do not follow the dietary laws and specific ways of dress. Reform Judaism has changed the fundamental ways in which religion can be practiced (Satlow, 2006).

Conservative Judaism began in response to Reform Judaism. Conservative Jews believe that Reform Jews disregarded too much of the traditions that are essential to the Jewish Religion. Conservative Judaism is considered to be the middle ground between Orthodox Judaism and Reform Judaism (Satlow, 2006).

Secular Judaism

Secular Jews identify as Jewish culturally and not religiously. The Jewish inheritance is passed out by the mother. Many individuals identify as Jewish but do not believe in God or any of the Jewish traditions (Satlow, 2006).

Messianic Judaism

Kollonta (2004) asserted that Messianic Judaism has grown considerably worldwide in recent years. Messianic Jews believe that Jesus Christ is the Messiah, setting them apart from

traditional Judaism. The Messianic Jews also believe in the Old and New Testament whereas traditional Jews believe only in the Torah or Tanach. Messianic Jews also still continue to keep the Jewish traditions of Shabbat, the high holy feast days, and kosher eating. These differences may vary with certain messianic sects (Ariel, 2012).

Substance Use and Religion

Messianic Judaism

Messianic Judaism does not prohibit the use of alcohol in moderation. The Old and New Testament speak in approval of wine as a substance that "gladdens the human heart" (Psalms 104:15). Wine, throughout history, has always played a chief role in Messianic as well as Jewish cultures. This is made apparent through the traditions and blessings that are communicated before and after consuming wine. The consumption of wine is essential and obligatory in specific observed traditions such as the Kiddush. The Kiddush involves a declaration of the holiness of a Shabbat or High Holy Day (i.e. Passover Seder, Sukkot, circumcision of a boy).

Christianity

Many Christians consider all drinking of alcoholic beverages as a sin; however, others may not. Christians can be considered either liberal or conservative on many contemporary questions as well as in the middle (Christianity, 2014).

Islam

An important law of Islam is the prohibition of alcohol consumption and of eating the flesh pigs under any circumstances (Islam, 2014).

Mormonism

Mormons have a Word of Wisdom, which is a code of health prohibiting tea, coffee, alcohol, and tobacco (Mormonism, 2014).

Orthodox Jews, Conservative Jews, Reform Jews

Alcohol is a major part of Jewish life. The Orthodox Jews observe the traditions and refrain from alcohol during certain holidays, such as Passover, when the use of grain is prohibited. In Orthodox Judaism, specific spirits are considered kosher where as others, such as sherry, are not. As long as the wine is handled by a Jewish individual, it is suitable to drink (Favazza, 2006). In Conservative Judaism, the use of alcohol is allowed in moderation, especially during the high holy feast days, Passover, etc. Reform Judaism also does not prohibit the use of alcohol in moderation nor does the alcohol have to be kosher (Favazza, 2006).

Spirituality

An agreement of the definition and significance of spirituality is crucial when examining its use as a healing treatment. However definitions and application of the term vary widely in the literature. The word spirit comes from the Latin spiritus, which means “breath” and also “soul, courage and vigor.” The word “spirituality” has gained various and, at times, conflicting and contradictory meanings. Moberg (2002) affirmed that the intricate and versatile nature of spirituality means that no one definition can detail its abundant uses. Wink and Dillon (2003) asserted that spirituality is operationalized in terms of the importance of non-institutionalized or non-tradition-centered religious beliefs and practices in the life of the individual (e.g., emphasis on sacred connectedness with God or nature; blending of diverse religious and mystical traditions). Consequently, in order to connect and attune oneself with God, one must take deliberate action to do so.

Aten, McMinn, and Worthington (2011) stated that religion and spirituality are essential elements in the practice of counseling and psychotherapy. To this day, numerous theories and

spiritually established psychotherapies are being practiced for the purpose of change and the evolution of consciousness (Aten et al., 2011).

Religious and Spiritually Oriented Interventions

In order to fully understand religiosity and spirituality as a protective factor against substance abuse, it is important to look at the interventions that encompass both religion and spirituality. The religious and spiritually oriented interventions that will be reviewed are prayer, meditation, mindfulness, spiritual journaling, and forgiveness. These interventions are significantly established in research and theory (Aten et al., 2011).

Prayer

Prayer is a universal and personal aspect of religion. It is essential to spirituality and does not automatically communicate religious dogmas or denominations (Frame, 2003). McCullough and Larson defined it as “thoughts, attitudes, and actions designed to express or experience connection to the sacred” (Frame, 2003, p. 86). Furthermore, prayer is commonly used as coping tool for serious internal struggles, that it is positively associated with greater life satisfaction, overall wellbeing, and that it acts as a protective factor for stress (Frame, 2003).

Meditation

Meditation has the power to provide one of the most efficient established practices for improving and enhancing spiritual commitment in the therapeutic domain (Frame, 2003). The benefits of meditation include managing stress, anxiety, depression, addiction, and numerous other mental health related issues (Frame, 2003). The origin of meditation is from ancient spiritual and religious traditions. However, more recently, it has been used as a relaxation tool in therapeutic and personal practice (Aten et al., 2011, p. 201).

Mindfulness

Mindfulness is a spiritually grounded practice that contains roots from the Buddhism tradition. It involves being aware of one's own experience, sometimes by focusing on the breath, or through a guided practice. Evidence-based research has shown that mindfulness is an efficient tool of therapy for children and adults (Tanner, Travis, & Gaylord-King, 2009). People may experience, sometimes almost instantaneously, a sense of tranquility and relaxation (Tanner et al., 2009). Specifically, it can be useful in aiding in the improvement of the capacity to peacefully be aware of problematic features of experience that an individual might alternatively attempt to divert his or her attention from or guard themselves against (Tanner et al., 2009).

Spiritual Journaling

Spiritual journaling is a religious, spiritual, and therapeutic practice in which individuals keep a written journal of their feelings, struggles, thoughts, and experiences. The spiritual journal may also include the individual's contemplation about the meaning and purpose in their lives (Aten et al., 2011). Spiritual Journaling is long considered an efficient counseling method and is often used to stimulate individuals to explore their beliefs, process loss and grief, examine their personal struggles, and reflect on their meditation experiences (Aten et al., 2011).

Forgiveness

Forgiveness is a critical aspect of both religion and spirituality. Forgiveness can be exercised without any connection to any religious or spiritual element; however, forgiveness is closely connected to spirituality and religion. The act of forgiving is a one way that individuals react to the mistreatment by another. It is an act of morality and is primarily focused between the individual who was offended and the offender. It is defined as "a willingness to abandon one's right to resentment, negative judgment, and indifferent behavior toward one who unjustly injured

us, while fostering the undeserved qualities of compassion, generosity and even love toward him or her” (Enright, Freedman, & Rique, 1998, pp. 46-47).

Substance Abuse

According to the National Institute on Drug Abuse (NIDA), abuse of alcohol and illicit drugs account for 700 billion dollars every year in costs related to crime and healthcare.

According to the Substance Abuse and Mental Health Services Administration (SAMSA; 2013), approximately 24.6 million of Americans aged 12 or older, estimated 9.4% of the population, self-reported an illicit drug in the past month. This number has risen 8.3 percent in 2002.

Addiction Treatment

There are several different options for substance abuse treatment. Some treatments can be combined or can be used one after the other. Religion and spirituality can be incorporated into all these treatments if the individual chooses to do so and if the mental health professional is educated on religious interventions.

Online Counseling

Online counseling can be done at an individual’s convenience. However, it is not restrictive and therapists are not always qualified. Moreover, confidentiality is difficult to maintain due technology not being absolute. (Bathje, Kim, Rau, Bassiouny, & Kim, 2014).

Individual Counseling

Individual counseling involves meeting with a mental health professional one on one. Sessions are typically once a week and are offered by psychologists and other licensed professionals. It allows for clients to work at their own pace. However, this form of treatment may not work if the individual is not self-motivated as the environment is not intensive or restrictive (Penner, 2015).

Group Counseling

Group counseling involves meeting other individuals with similar substance abuse issues. It has been found to be an effective treatment for substance abuse when paired with other treatment options. It allows for individuals to gain support and express themselves in a safe environment. These individuals are more likely to take the advice from others who have been in similar situations as themselves (Post & Wade, 2014). However, some individual may feel uncomfortable or anxious speaking about personal issues in a group setting.

Recovery Meetings

12 step support groups such as Alcoholics Anonymous, which was originally started by religious individuals (Alcoholics Anonymous, 2014), and Narcotics Anonymous are support groups held by other people going through the process of recovery. Many individuals attend these support groups on a daily basis. However, individuals may need medical attention before these meetings can be effective. These 12-step programs do not offer professional help; therefore, individuals may want additional help on top of attending a 12-step program (Alcoholics Anonymous, 2014).

Intensive Outpatient Treatment

Intensive Outpatient Treatment involves counseling groups that meet anywhere from 10-20 hours a week. Individuals meet every day for 3-4 hours in groups, as well as attend individual therapy sessions. The downfall of this treatment is that the individual are still at home in which their environment may be unsupportive or unhealthy (Wallace & Weeks, 2014).

Detoxification

Detoxification is a medically based and supervised treatment that involves safely taking an individual off substances such as alcohol, prescription medications, opiates, etc. (Farrell,

2014). Depending on the substance abused, individuals may be given medications to make the withdrawal process less painful. This form of treatment is usually combined with other forms of treatment to successfully treat the substance abuse (Farrell, 2014).

Inpatient Treatment

Inpatient treatment, commonly known as rehab, involves the client living in a facility with around the clock care. Individuals in inpatient treatment receive individual and group therapy, attend recovery meetings, and are given the option of choosing certain recreational activities (Ravndal, Vaglum, & Lauritzen, 2005). The downfall of this treatment is the time commitment as it involves intense treatment between two weeks to 90 days depending on the person's level of care needed (Ravndal, Vaglum, & Lauritzen, 2005).

Religiosity as a Protective Factor

Wallace et al. (2007) conducted a study on how religious African American and Latino/a American young adults are and whether religiosity "protects" them from drug use. The study consisted of African American, Latino/a American and European American 10th graders nationwide. Results showed that most of 10th graders, regardless of their race, were somewhat religious and a third or more were significantly religious. The data also indicated that being religious did in fact "protect" African American and Latino/a American 10th graders from substance abuse. However, the relationship was greater for European Americans than non-European Americans. Other research also indicates that spirituality and religion are correlated with better treatment outcomes and improved possibility for long term sobriety (Gorsuch, 1995).

According to Gorsuch (1995), religiousness is correlated with lower substance abuse because religious individuals have been socialized to accept anti-abuse standards, are involved with anti-abuse individuals, and have a system for fulfilling needs for social contact and meaning

in life. However, Gorsuch explained that this relationship occurs only for a nurturing and supportive religiousness, and not for a restrictive, negativistic, and ritualistic religiousness (i.e., religious leaders who condemn or exile their members for not behaving according to the rules of the specific religion). Furthermore, Gorsuch expressed that religiousness may be a variable in the treatment of substance as it may help nonreligious institutions in their attempts to treat substance abuse.

Sanchez, Garcia De Oliveira, and Nappo (2008) conducted a study in which participants were given a questionnaire and asked what their possible protective factors were that a person, not necessarily the participant, should use in order to avoid substance abuse. Results indicated that family and religiosity were the top rated protective factors.

According to Sullivan (1993), spirituality is a unique belief that may or may not include believing in “God.” It is more about seeking growth and wellness within the individual. According to Miller (1998), religion is practicing and believing in the core aspects proposed in the religion one identifies with. Religiosity is also associated with believing in a “Supreme Being” whose laws are made for wellbeing.

Allen and Lo (2010) explored the effects of religiosity and substance abuse. According to the authors, religiosity was negatively associated with substance abuse and religiosity controlled the likelihood of an individual abusing substances in that individuals who were more religious used little to no substances. They found that religion also helped those who had abused substances to recover and was also used in the treatment of alcohol and drug abuse.

Merill, Folsom, and Christopherson (2005) conducted a study to determine whether or not family religiosity is a protective factor against adolescent substance use (tobacco, alcohol, and illicit drugs) according to selected religious preferences. A cross-sectional survey was

conducted surveying students' ages 17-35 years in college undergraduate general classes at three big schools in Utah. Results revealed that the highest use of tobacco smoking and marijuana or other illicit drug use was among those students with no religious preference. Results also revealed that family church attendance and religiosity among parents during the participants' childhood years were both significantly protective against substance use. Moreover, family church attendance and parental religiosity were both associated with lower substance use.

Gnadt (2006) evaluated religiousness, current substance use, and early risk indicators for substance abuse in nursing students. The aim of the study was to determine the prevalence of current substance use and the number of early risk indicators for substance abuse and dependence among nursing students, and to evaluate the correlation among religiousness, current substance use, and early risk indicators for substance use. Two hundred and forty one nursing students enrolled in their first year of nursing courses at seven faith based colleges and universities were surveyed. Efinger's Alcohol Risk Survey, CAGE questionnaire, and the Intrinsic/Extrinsic-Revised Scale were used. Results revealed that 24% of participants reported current substance use, and 15% scored in the possible abuse/dependence category. Participants who were more religious had lower prevalence rates of substance use as well as fewer number of early risk indicators.

Religiosity in the Treatment of Addiction

Religiosity and spirituality have been found to be negatively correlated with a range of addiction. According to Unterrainer, Lewis, Collicut, and Fink (2013), religious/spiritual wellbeing may play a vital role in the development, course, and recovery from addictive disorders. In their study, 389 addiction in-patients were evaluated using the Multidimensional Inventory for Religious/Spiritual Well-Being (MI-RSWB) and compared with a matched group

of non-addicted community controls ($N = 389$). Results indicated that RSWB was lower in individuals with substance use disorders compared to the normal sample. What strongly distinguished the two groups was Experiences of Sense and Meaning, General Religiosity, and Forgiveness, as determined by a discriminate functional analysis. Moreover, within the substance use group, RSWB was strongly positively correlated with the personality dimensions of Conscientiousness, Agreeableness, and Openness along with Sense of Coherence and positive Coping styles. This study advocates for therapeutic intervention programs that focus on constructing a positive and significant personal framework, related to that of a religious/spiritual orientation, may be partly responsible for positive outcomes in addiction treatment.

Borders and Booth (2013) suggested that religiosity may be one factor that helps against the development of alcohol use disorder. Borders and Booth evaluated how stimulant use and religiosity are correlated longitudinally with the odds of an alcohol use disorder among a rural-population-based group of stimulant users. Seven-hundred-ten stimulant users were recruited using a respondent-driven sampling method. The participants were interviewed every 6 months over a 3-year period. Concurrent and lagged generalized estimating equations analyses were administered to approximate how past-30 day crack cocaine, powder cocaine, and methamphetamine use; religiosity; and other variables were correlated with the probability of alcohol use disorder. Results indicated that 56% of the participants met alcohol use disorder criteria. The probability of an alcohol use disorder decreased significantly over time in the concurrent, but not the lagged, model. Crack cocaine use was correlated with elevated probability of an alcohol use disorder in both models. However, the strength of the concurrent correlation between alcohol use disorder and crack cocaine use decreased over time. Overall, powder cocaine and more frequent church attendance were together correlated with decreased probability

of alcohol use disorder. Results indicate that the higher frequency of church attendance may be connected to lower probability of the development or maintenance of alcohol use disorder.

Religiosity and Substance Abuse in Adolescents and Young Adults

Religiosity has been well known for its effects on some but not all sexual and substance abuse related behaviors. Teenagers who claim to be more religious tend to avoid risky behaviors including drug related behaviors and they view casual sex negatively (Levinson et al., 1995). These findings suggest that religiosity helps reduce “at risk” behaviors which include alcohol and drug use.

Alcohol, tobacco, and other drugs are known to be abused by adolescents especially among seniors in high school. According to The Monitoring Future Study (Johnston, O’Malley, & Bachman, 1996), 80% of high school seniors had used alcohol and 50% of those seniors had used in the past thirty days (Johnston et al., 1996). Many high school seniors also admitted to binge drinking in the past two weeks and about 8% admitted to cocaine use. Religion has become an important and crucial aspect in protecting against substance abuse. The more an individual is religious, according to their level of church attendance and prayer, the less likely they are to abuse alcohol, marijuana, cigarettes, and other illegal substances (Amey, Albrecht, & Miller, 1996; Forman & Wallace, 1998; Davies, Greenwald, & Miller 2000; Bachman, Brown, Johnston, O’Malley, & Schulenberg, 2001).

Sussman, Skara, Rodriquez, and Pokhrel (2006) evaluated two different aspects of spirituality that may tap negative and positive relations with adolescent drug use over a 1-year period. Non-drug-use-specific spirituality calculated how spiritual the individual believes he or she is, participation in spiritual groups, and involvement in spiritual practices such as prayer, on the other hand, drug-use-specific spirituality calculated using drugs as a spiritual practice. Self-

report questionnaire data was collected from a sample of 501 adolescents in 18 different continuation high schools across southern California. Participants were between the ages of 14-19 and 57% were male. 35% were European American, 49% were Latino, 5% were African American, 7% were Asian, and 5% other. A sequence of general lineal model analyses were administered to determine whether or not two different spirituality variables predict drug use (cigarettes, alcohol, marijuana, hallucinogens, and stimulants) at 1-year-follow up. After controlling for baseline drug use, non-drug-use-specific spirituality was negatively predictive of alcohol, marijuana, and stimulant use, whereas drug-use-specific-spirituality failed to be found predictive of these variables on year later. Contrarily, drug-use-specific spirituality was positive predictive of cigarette smoking and hallucinogen use, whereas non-drug-use spirituality failed to be found predictive of these variables. Sussman, Skara, Rodriquez, and Pokhrel (2006) found that spirituality may have an effect on drug use among adolescents. Knowledge of the risk and protective patterns and systems of spirituality may be interpreted into future drug use prevention intervention programs.

Recent findings from the National Institute on Drug Abuse showed that drugs, tobacco, alcohol, and marijuana use among African Americans has increased since the 1990s and even more in the 2000s. By the time an African American teenager reaches his/her senior year of high school, seven out of 10 of those teenagers would have already used alcohol, smoked cigarettes, and 25% of those individuals have used marijuana (National Institute of Drug Abuse, 2002). An analysis in resilience research in regards to religiosity among African Americans found that religion was a protective factor and was connected with beneficial health and social outcomes (Wallace, Brown, Backman, & LaVeist, 2003). Religion is said to provide African Americans

with psychological as well as social support and is said to boost the positive outcome of teenage resiliency and the power to resist the allurements towards substance abuse (Taylor, 1988).

Paulson, Eppler, Satterwhite, Wuensch, and Bass (1998) conducted a study about substance abuse and religiosity. They found that college women who were affiliated with a religion and had strong beliefs toward that religion reported to consume less alcohol than the females who had weaker religious beliefs. They also studied middle school and high school adolescents, typically those who were in seventh and 10th grade. The researchers found that the stronger the individuals' religious beliefs were, the less likely those persons were to engage in alcohol, tobacco, and marijuana use (Wills, Yaeger, & Sandy, 2003).

Dunn (2005) conducted a study about the relationship between religiosity, employment, and political beliefs on substance use among high school seniors. The findings indicated that religiosity and employment were significantly correlated with alcohol use variables. Whether male or female, those who believed religion was an important aspect in their life were less likely to involve themselves with alcohol use or binge drinking. These findings also demonstrate that religiosity is a protective factor for adolescents and helps prevent them from being involved in hazardous environments. This also demonstrates that being affiliated with a religion can act as a social control mechanism, which allows for adolescents to avoid risky behaviors as previously stated.

Pullen, Modrcin, Talbott, West, and Muenchen (1991) examined the correlation between alcohol and drug abuse by adolescents and how frequent an individual attends religious services in the southeast United States. They handed out surveys to 217 participants between the ages of 12-19. Results indicate that the more an individual attended a religious service, the less likely they were to abuse alcohol and drugs. Pullen et al. (1991) stated that healthcare should have

more of a holistic approach. However, nurses and medical doctors fear bringing religion or religious beliefs into healthcare. The researchers believe that since religiosity and decreased alcohol and drug use is correlated then it would make more sense to use religiosity as a tool for maintaining excellent health.

Similarly, Denscombe (1995) conducted a study in Leicestershire, England and the study which revealed that adolescent views towards alcohol use was correlated to their religious beliefs. Denscombe found that individuals views towards alcohol and drug use was related to their views on religion. They are able to think more critically and therefore it is likely that they may or may not find a religion and a lifestyle suitable for them and their beliefs.

Diniaco (1996) found that participants who were more involved with their religious events were not alcohol or drug abusers. Similar to Diniaco, Singh, and Mustapha (1994) examined 1,604 adolescents in Trinidad using the survey method. They found that adolescents who were more affiliated with their religion and attended their religious youth programs were less involved in drug abuse. These adolescents perceived their religion as very important and lived their lives in accordance to their religion.

Francis and Mullen (1993) examined 4,753 adolescent male and females in England and later Mullen and Francis (1995) examined 1,534 adolescent male and females in the Netherlands. These researchers studied religiosity and attitudes towards substance abuse. In both studies, adolescents who claimed to attend religious services regularly reported believing that drug use was wrong and would opt not to experiment with drugs. The support from their religious institutions or a internal conviction that using substances violates their religious beliefs were among the reasons that adolescents were more likely to refrain from drug use.

Adolescents, like adults, experience many stressful situations and may turn to drug or alcohol use when under these stressful situations (Piko, 2001). The church may be a positive social institution for general risk education such as drug, alcohol, sex, and AIDs prevention and is especially crucial for adolescents (Kutter & McDermott, 1997). However, many religious institutions do not provide education opportunities in the specific areas. Even in the absence of this, not being affiliated with a religion or having lower levels of religion is associated with the beginning and ongoing use of substances (Chatters, Taylor, & Lincoln, 1999).

College students can be known to drink especially those under the legal drinking age which varies in the United States (Vicary & Karshin, 2002). College students usually binge drink and involve themselves in high-risk behavior that include drinking as well as driving (Wechsler, Lee, Nelson, & Kuo, 2000). These risky behaviors usually result in substance abuse, addiction, accidents, and even death. Religiosity has been known to be negatively correlated with alcohol use (Borynski, 2003; Schall, Kemeny, & Maltzman, 1992; Wallace & Williams, 1997). College students who were known to drink lightly or less frequently referenced to being affiliated with a religion (Slicker, 1997). Religiosity is also known to be inversely related to having substance abuse problems. In a study examining the reasons college students refrain from drinking, Strawser, Storch, Geffken, Killiany, and Baumeister (2004) found that being affiliated with a religion was associated with less likelihood of alcohol problems and substance abuse. All in all, being religious may be a key factor in preventing underage drinking especially among college students.

Nonnemaker, McNelly, and Blum (2003) agreed that it is widely known that private and public religiosity does protect against drug abuse especially among adolescents. However, little is known about how this process occurs. Wills, Biggins, Gerrard, Murry, and Brody (2003) have

proposed that there are many pathways, for example, psychosocial domains, and through this religiosity is said to affect these risk behaviors especially those among African American teenagers, this includes the effect on “drug refusal efficacy.”

The definition of “Refusal Efficacy” is an individual’s ability to refuse drugs when that individual is confronted with a drug offer (Wills, Biggins, Gerrard, Murry, & Brody, 2003); this includes situations of peer pressure or colleagues who are drug users, and using drugs as a method of coping (Ellickson & Hays, 1991). This study indicated that “refusal efficacy” plays an essential role in substance abuse among adolescents.

Strawser, Storch, Geffken, Killiany, and Baumeister (2004) found being affiliated with a religion was associated with less likelihood of alcohol problems and substance abuse. Moreover this study indicates that being religious may be a key factor in preventing underage drinking especially among college students.

Sanchez et al. (2008) questioned participants regarding possible factors that work to help people avoid substance abuse; religiosity and family were rated as top protective factors. The goal of the study was to determine which determinants would prevent Brazilian adolescents from low-income families from using and abusing substances. A qualitative method was conducted and approximately 62 participants, ages 16 to 24-years-old were used. Thirty of the participants were drug users, 32 were nonusers. These individuals were administered a structured interview. The participants viewed family and religion as critical protective factors in their lives. With respect to religion, 81% of nonusers believed in and practiced religion. Results indicated that family and religiosity were the top rated protective factors. Additional attention to protective factors can provide a central tool in prevention programs.

Religiosity and Substance Abuse in Adults

A better comprehension of religion and spirituality in older adults is needed in order to work with this population. Krause (2003) evaluated whether being involved in religion helps explain why older African Americans are more likely to avoid drinking alcohol than older European Americans. Interviews were administered with a nationwide sample of older European Americans and older African Americans ages 40-65. Study instrumentation included questions to evaluate whether study participants consume alcohol, whether they associate with fundamentalist congregations, how often they attend religious services, how often they pray, and whether they have developed a sense of meaning from their faith. Results revealed that older people who associate with fundamentalist churches and who find meaning in religion are more likely to avoid drinking. Race differences in the likelihood of drinking were not statistically significant. This study helps to demonstrate that religion plays a vital role in shaping the health behaviors of older adults.

Hill, Burdette, Ellison, and Musick (2006) conducted a study on religious attendance and health behaviors of Texan 1504 adults. Results revealed that regular religious attendance (notably weekly attendance) was correlated with a broad range of healthy behaviors, including less frequent bar attendance and moderate drinking to minimal drinking. If religious attendance and involvement is correlated with healthy behaviors and actions, more studies need to be conducted to consider for these correlations.

Religiosity and Overall Wellbeing

Being affiliated with a religion and having religious beliefs have been known to have a beneficial effect on the satisfaction of life, wellbeing, and lifestyle. Given all the positive outcomes, religiosity has been said to influence health and recovery (Dossey, 2000; Ellison, 1991). This role of religion can also be a factor in preventing disease. Substance use is said to

have the ability to shorten one's life and have an impact on mortality as well. Studies continue to reveal a beneficial effect between religiosity and substance abuse in adolescents (Brown, Parks, Zimmerman, & Phillips, 2001; Miller, Davies, & Greenwald, 2000; Wallace & Forman, 1998). Religious denomination, attendance of religious services, and personal devotion are negatively correlated with alcohol consumption or drug abuse. The more affiliated an individual is with their religion the less likely they are to abuse drugs.

Wallace and Williams (1997) wrote that a significant number of factors mediate between religion and more favorable health relationship. This includes health-related behaviors, group identity, methods of coping, and social support. They also suggested that family and religiosity play a critical role in the whole process.

Research is typically focused on samples of White individuals. Reed and Neville (2014) examined the influence of religiosity and spirituality on psychological wellbeing among Black women. In this web-based study, the authors sampled 167 Black American women. Results revealed that there were explicit links between religiosity, spirituality and psychological wellbeing. Furthermore, religion and spirituality are critical elements that help Black women find meaning in times of hardship (Mattis, 2002).

Ford (2006) examined the attitudes about the association between a belief in religion and substance abuse among a Hispanic community. Ford evaluated whether religion was correlated with alcohol abuse using two approaches; the first approach came from precise norms supported by religious inspired beliefs, separate of any denominational effect of social integration. Ford stated that the recognized instruments may exist separately from one another. Ford stated that in a specific model, the dissimilarity in alcohol use is relevant to restrictive norms, which varied from individuals affiliated to others who belonged to a religious community. The results were

existed in individuals who were correlated with protestant denominations that spoke publicly to members about refraining from the excessive use of alcohol.

Gorsuch (1995) suggested that individuals involved positively in their religion were less likely to abuse drugs than those individuals who were involved in a restrictive/negative religion or no religion at all. His study analyzed both religion and substance abuse. This aspect demonstrated that religiosity is relevant in discussing substance abuse between individuals. Results of Allen and Lo (2010) echoed the same sentiment as Gorsuch. Allen and Lo explored the effects of religiosity and substance abuse. According to them religiosity was negatively associated with substance abuse and religiosity controlled the likelihood of an individual abusing substances. Their findings supported that religion also helped those recover from substance abuse and was also used in the treatment of alcohol and drug abuse. Dunn (2005) conducted a study about the relationship between religiosity, employment, and political beliefs on substance use among high school seniors. He found that religiosity and employment were significantly correlated with alcohol use variables. This resembles the results found by both Gorsuch and Allen and Lo. While there may be many aspects to religiosity, it remains a reliable predictor on substance abuse according to the literature. However, this present study failed to demonstrate such a prediction.

Religiosity and Treatment Outcomes

Because substance abuse is a common problem in the United States, it is crucial to have a thorough understanding of some of the treatment outcomes. Religiosity is said to have positive effects in the treatment of substance abuse. Studies which focus on religiosity see it as a protector factor against drug abuse and is an important factor in the treatment and recovery of individuals (Brenda & Corwyn, 2000; Kendler, Gardner, & Prescott, 1997; Miller, Davies, &

Greenwald, 2000). These studies state that being affiliated with a religion is a beneficial resource in the treatment recovery of drug abusers.

Although there is a plethora of research suggesting that the more religious an individual, the better the treatment outcome of substance abuse, there is little research that has investigated the relationship between religion and substance abuse at a faith-based treatment center. Parhami, Davtian, Collard, Lopez, and Fong (2014) conducted a preliminary six month prospective study examining self-reported religious preference, religiosity, spirituality, and Retention at a Jewish Treatment Center for Substance-Related Disorders. Approximately 33 participants filled out the Daily Spiritual Experience Scale. Religiosity and Spirituality levels were evaluated at baseline, 1 month, 3 months, and 6 months. Results revealed a significant correlation between baseline religiosity and spirituality levels and at six months as well. It is important to note that there was no correlation found between self-reported religious association and retention. Furthermore, this study establishes that an individual's religiosity/spirituality level, rather than religious association, is a likely predictor for a greater result at faith-based treatment centers for substance abuse.

Based on the present review of the literature, it appears that religiosity is a strong preventer of substance abuse, particularly in determining the likelihood of using substances. However, there are many other variables that have attracted much attention and interest. Variables such as age, culture, socioeconomic status, and social support also play a valid role in the study of the effects of religiosity on substance abuse. A majority of the research on the topic have shown an agreement with similar results. A direct relationship between religiosity and substance abuse was a repeating pattern in almost all of the studies. These results were common even among studies that investigated different variables along with religiosity. By understanding

the effects of religiosity on substance abuse, researchers can predict beneficial treatment options and recovery plans. The two factors tend to share an inversely correlated relationship.

Thoroughly based on the foregoing, it is reasonable to hypothesize that individuals that are affiliated with a religion will report lower levels of substance abuse than their counterparts.

Negative Effects of Religion/Religiosity

Risk factors of Religion/Religiosity

Although most of the literature states the positive effects of religion, there are negative effects as well. Lee, Roberts, and, Gibbons (2013) conducted a study on negative religious coping as associated with maladaptive emotional responding patterns tied to loss. Ninety nine college students who had experienced loss participated. They provided information on their social desirability, religiousness, spirituality, neuroticism, and forms in which they cope religiously. Moreover, they also completed a Loss Interview that was created to evoke grief by talking about memories of the deceased. Participants were also asked to calculate their emotional state before and after the Loss Interview. Negative religious coping predicted distress and impairment in the form of excessive reactivity and continued recovery. These results are the first to reveal that negative religious coping is related to dysfunctional emotional patterns (Lee, Roberts, & Gibbons, 2013)

Remle and Koenig (2001) explained that although religion and spirituality can be a source of comfort for individuals and can also have possible health benefits, there are negative effects that religion and spirituality can have on persons with HIV/AIDS. This individuals may have been ostracized from their religious institutions on their own communities of faith due to lifestyle issues/ or the stigma/prejudice associated with being HIV positive.

Collier, Bos, Merry, and Sandfort (2013) explored gender, ethnicity, religiosity, and same-sex sexual attraction and the acceptance of same-sex sexuality and gender non-conformity. Data was collected by means of a paper questionnaire completed by 1,518 secondary school students, with a mean age of 14.56, and a standard deviation of 1.05, in Amsterdam, the Netherlands. The sample consisted of 48% female, and 52% male. One third of the adolescents in the sample were of a non-Western ethnic background and roughly 7% of the participants reported experiencing same-sex attractions. Results of the analysis indicated that adolescents in the same-sex category who were male, of non-Western ethnicity, who self-reported as more religious (indicated by frequency of religious service attendance) were less accepting of same-sex sexuality and gender non-conformity in comparison to female, Western and less religious peers. A significant interaction effect between religiosity and sexual attractions, but only in relation to evaluation of same-sex attracted, gender non forming females, was found. The negative effect of religiosity on acceptance of same-sex attracted, gender non-conforming female was stronger among those adolescents who reported same-sex attractions.

Protective Factors of Religion/Religiosity

Religious involvement has been correlated with positive social support outcomes (Rushing, Corsentino, Hames, Sachs-Ericsson, & Steffens, 2013). Rushing, Corsentino, Hames, Sachs-Ericsson, and Steffens (2013) conducted a study on religious involvement and social

support. Participants were elderly individuals, specifically those with major depression. The study evaluated the influence of several concepts of religious involvement and the protective effects of social support on past and current suicidality on older depressed individuals. 248 participants 59 years of age and older were evaluated by a psychiatrist. The participants were given the Montgomery-Asberg Depression Rating Scale and asked several questions regarding their past history of suicide attempts, religious involvement, social support indicators and were evaluated via self-report. Results revealed that religious attendance and social support was correlated with less suicidal ideation. Mental health professionals should consider an individual's religious association and perceived social support when evaluating for known risk and protective factors for suicide outcomes (Rushing, Corsentino, Hames, Sachs-Ericsson, & Steffens, 2013).

There is a plethora of research that propose that elevated religiosity is correlated with better mental health and several authors suggest that religion-based social support may aid in clarifying this connection (Hovey, Hurtado, Morales, & Seligman, 2014). Hovey, Hurtado, Morales, and Seligman (2014) conducted a study on religion based emotional social support and whether it mediates the relationship between intrinsic religiosity and mental health in college students in the Midwest United States. Results revealed that level of support and perceived emotional support were the strongest predictor of lessened hopelessness, suicide behaviors, and depression; and the correlation between religiosity and mental health variables were mediated by emotional support (Hovey, Hurtado, Morales, & Seligman, 2014).

Spirituality, Religion, Substance Abuse, and Mental Health

Substance abuse is harmful to the health of people, families, and society. As the research demonstrates, an individual with addiction typically has decreased religiosity and spirituality. Moreover, the individual is likely to suffer from depression, anxiety or both (Piacentine, 2013).

Piacentine (2013) examined spirituality, religiosity, depression, anxiety, and drug-use consequences during methadone maintenance therapy. One-hundred-eight participants currently enrolled in methadone maintenance therapy, completed surveys evaluating their religiosity, spirituality, depression and anxiety. Majority of participants characterized themselves as spiritual and/or religious. Participants also noted that their spiritual and religious participations was much less in their past. The analysis determined that spirituality, religiosity, depression, anxiety, and negative substance use ramifications are complementary in the individual with addiction.

Galek, Flannelly, Ellison, Silton, and Jankowski (2015) examined the relationship between religion, meaning and purpose, and mental health. The authors studied psychiatric symptoms in the general public using statistics from the 2010 Baylor Religion Survey (BRS). The BRS acquired data from a sample of 1,714 United States Adults, 1,450 of those adults were included in the analyses. The authors hypothesized that, based on identity theory, religious involvement and commitment would combine with the faith in meaning and purpose in their net correlation on psychiatric symptoms. The psychiatric symptoms included in this study were paranoia, compulsion, obsession, social anxiety and general anxiety. Particularly, it was hypothesized that the notion of life lacks meaning and purpose will have likely harmful association among those individuals who are highly religious, than it will among those individuals who are not as religious. Results revealed that the central hypothesis of the study confirmed four out of the five categories of psychiatric symptoms.

Religion and Spirituality has been widely researched in the medical field, especially in the past two decades. However, never has a systematic evidence-based review of the applicable data, in the field of psychiatry, ever been conducted in the past 20 years (Bonelli & Koenig,

2013). Bonelli and Koenig (2013) used the available literature from PubMed (1990-2010) and examined the research on religion, religiosity, spirituality, and other relevant terms that were published in the top 25% of journals of psychiatry and neurology. Findings revealed that most studies concentrated on religion or religiosity. However, only 7% focused on interventions. 72.1% of the publications that met the criteria, found an association between the level of religious and spiritual commitment and involvement and less mental disorder. Studies involving substance abuse, stress-related disorders, and suicide found a positive relationship, in addition to 79 and 67% of the research on depression and dementia respectively. This research provides good evidence that religion and spirituality is association with better mental health in such areas as substance abuse, suicide, and depression.

Substance Abuse Statistics

Center for Disease Control and Prevention

Substance abuse overlaps with psychiatric and psychological distress (Wyshak, 2000). Research is needed in order to alleviate, prevent, and treat these global conditions. According to the Center of Disease Control and Prevention (CDC; 2014) in the United States, the amount of prescription painkiller sales has quadrupled. However, there has not been a change overall in the amount of pain that individuals in the United States report (CDC, 2014). Approximately 44 individuals in the United States die daily from a prescription painkiller overdose, specifically from a painkiller called opioids, and several more become addicted every day. Taking too many prescription painkillers can stop an individual from breathing, eventually leading to death (CDC, 2014).

The CDC (2014) asserted that approximately 48,000 women died of prescription painkiller overdoses between the years of 1999 and 2010. Furthermore, since 1999 deaths from

prescription painkiller overdoses have increased over 400%, and 265% among men (CDC, 2014). Although there is a significant difference between both men and women, the gap between the two is closing. The rise reveals how elevated prescribing of these drugs has become during the past 10 years.

World Health Organization

The World Health Organization (WHO; 2014) asserted that there are 3.3 million deaths that are related to the damaging use of alcohol. Moreover, individuals, all over the world, aged 15 years of age and older drink approximately 6.2 liters of alcohol every year (WHO, 2014). Furthermore, approximately 15.3% of these individuals have drug use related disorders and of those disorders, intravenous drug use is reported in over 148 countries, of which 120 report high rates of HIV infections (WHO, 2014).

Implications of Religion and Drug Use

Osborne and Fogel (2008) stated that substance abuse, similar to that of behavior, is a complex construct that is formed from a number of elements such as age, gender, and culture. It has also been illustrated that research and clinical interventions on substance use and abuse focus primarily on the substance abuse outcome and exclude other fundamental aspects of operating crucial to that of the individual such as diet, exercise, enjoying activities at their leisure, managing and maintain a religious connection or involving themselves with (Laudet, Morgan, & White, 2006). Researchers demonstrate a linkage between a faith in religion and the widespread extent of drug abuse (Stawser, Storch, Geffken, Killiany, & Baumeister, 2004). The literature recognizes valuable implications for substance abusers living in a recovery neighborhood, for clinical application, and for future research respective to religion and drug use. As an illustration, Stawser et al. (2004) conducted a quantitative study and suggested that college students were at

higher risk for substance abuse, particularly in engaging in alcohol and drug use. For that reason, a thorough examination into determinants that may protect against substance in this particular population was legitimized. Stawser et al. investigated the correlation between faith in a higher power and substance abuse related problems among college students in a predominately large public university in the southeast part of the United States. The study consisted of 303 undergraduate students who completed a Santa Clara Strength of Religious Faith Questionnaire Short Form (Plante & Boccaccini 1997) and the Alcohol Problems and Drug Problems Scales of the Personality Assessment Inventory (Morey, 1991). The research suggested that a faith in religion was negatively correlated with substance abuse and with religion as a control, the probability of college students being victims of substance abuse considerably increased. Stawser et al. also proposed that religion has been found to reverse the degree of substance use.

Conclusions from the research and literature suggest that individuals who are involved positively in their religion and those who practice in their religion report lower levels of substance use; however, religion, specifically in the treatment process, is still not clear. Ford (2006) gathered data from the Fighting Back Evaluation, which is a substance abuse-intervention program enforced in 12 neighborhoods throughout the United States. Fighting Back, funded by the Robert Wood Johnson Foundation, produced data for 1995, 1997, and 1999 using a telephone questionnaire nationwide. A digit dialing process was used to gather data and interviews were administered precisely in 23 minutes with a response rate of approximately 80%. Participants consisted of individuals 16-44 years of age who resided in 29 control site neighborhoods and 12 target communities. Participants were picked based demographic similarities. The 41 sites contained moderate sized American cities that suffered from an elevated level of substance abuse and addiction.

Ford (2006) examined the correlation between religion and alcohol usage among the Hispanic community. Findings indicated that it is crucial to discover and evaluate the role of church denomination in the comprehending the association between religion and alcohol use. A fundamental result of Ford's study indicated that religion is a strong predictor of a reduced likelihood of alcohol usage. Furthermore, Ford also concluded that weekly church attendance was also a strong determinant of a decrease in alcohol usage and binge drinking.

Advantages and Disadvantages of Religion in Substance Abuse Treatment

Advocates for the use of religion in the treatment of substance abuse and substance abuse related disorders state the religion has been demonstrated to reduce substance abuse and aids in promoting recovery and restraint (Laudet & White, 2008; Johnstone, Glass, & Oliver, 2007).

Neff (2008) conducted a quantitative study that was constructed to improve the knowledge respective to advantageous instruments and tools to evaluate and measure religious faith respective to its efficiency in substance abuse treatment programs. Neff realized the limitations of measuring religion in treatment programs; as a result, Neff emphasized elements of a multidimensional instrument that appeared useful in the incorporation of substance abuse programs. Neff asserted that evaluation of religion that did not incorporate participants with a substance abuse experience or history, may be deemed inappropriate in relation to either a 12-step program or to an ethnically diverse population that could be greatly depicted in programs that are publically funded for such populations.

Neff's (2008) methodological approach was established with the dimensions of the Fetzer multidimensional instrument (Fetzer Institute, 1999). The items included were specific to ethnically diverse participants in treatment. Exploratory assessments were dispensed utilizing data from diverse samples of participants from three, fairly large in size, substance abuse

programs. The assessments evaluated the importance of an individual's faith in God. Neff (2008) found the assessment to be potentially useful; however, there was doubt on whether the instrument was useful as a standardized measure to determine an individual's faith in religious belief system because it did not factor in diverse variables. The study illustrates that a standardized measure of religion and its effects on individuals suffering from substance abuse is of great need.

This section discusses the advantages and disadvantages of religion in relation to substance abuse treatment. Johnstone et al. (2007) asserted that religion is a fundamentally important coping mechanism for individuals with substance abuse related disorders; however, the research lacked evidence regarding the role of religion in the treatment of these substance abuse related disorders. Hall, Meador, and Koenig (2008) recognized a likely problem with the method in which religious constructs are currently being assessed, and determined specific factors regarding the construct of religion. The bulk of religious assessments have been developed in an American framework which allows from bias commonly toward Christian patterns of religious practice (Hall et al., 2008). This literature is crucial to include because it provides a designation for the current advantages of incorporating religion in substance abuse treatment process. Identifying what the research currently says in relation to the benefit and influence of using religion in substance abuse treatment and recovery is critical as it provides confirmation and a motivation to further researching the relationship between religion and substance abuse.

One of the critical disadvantages of using religion in the treatment of substance abuse is the lack of religious training among mental health professionals (Klein Elifson, & Sterk, 2006).

A second disadvantage is the lack of standardized religious instruments (Klein Elifson, & Sterk, 2006).

Perceptions and Attitudes about Religion

Advocates of holistic approaches to substance abuse treatment are confident religion is associated with a better outcome in substance abuse treatment (Marquis & Holden, 2008). Cheney, Galanter, and Dermatis (2009) speculated that some individuals were more familiarized to spiritual connections to recovery while others were more receptive to other methods. The authors wanted to better comprehend an individual's medical view towards recovery versus his or her spiritual view. As mentioned previously, spirituality and religiosity are often used interchangeably. Cheney et al. (2009) studied participants who were being treated, for 30 days, in a psychiatric hospital for substance abuse as well as mental illness. The criterion to be a part of the study involved the resolving of severe symptoms during the first week of treatment. Whether the participants were stable and able to participate was determined by the treatment professionals. One hundred participants out of 164 met the criteria to participate in the study and were diagnosed, using the DSM-IV, by physicians and medical staff. Participants filled out a questionnaire which asked questions regarding previous attendance in a substance abuse program and demographic information. Participants were also allowed to rate the significance of medical services, doctor contact, access to religious services, and groups focused on religiosity/spirituality as all these areas were relevant and connected to their recovery from addiction. The Taking Steps (TS) subscale of the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES) was used to evaluate the participant's advancement toward recovery. Cheney et al. (2009) also found that the medical students believed the participants viewed the role of religious services as less important in the recovery process than the

participants actually did. A high rate of relapse was determined among the participants in the substance abuse treatment which recommended a need to examine other factors that help to maintain recovery.

Longshore and Conner (2008) analyzed the literature regarding the incorporation of religion in substance abuse treatment, in relation to the drug treatment process. The authors provided an extensive summary of theories applied to human behavior and health. The authors developed a conceptual model to provide light to future studies of religion evaluation and intervention improvement and asserted that the model provided pertinent approaches and methods to religious issues (Longshore & Conner, 2008). The conceptual model developed by Longshore and Conner provided a framework from religion to substance abuse outcomes revealing that an element or elements within the religious faith system either assists or blocks outcomes. Moreover, the authors stated that religion may provide one-of-a-kind solutions to problems, which at times may seem outside one's own personal resources (Longshore & Conner, 2008).

Research indicates that attitudes and perceptions towards the use of religiosity/spirituality in substance abuse programs are becoming more widely accepted. A fundamental reason as to why this may be is due to the fact that individuals who believe that religion is a critical aspect of life report negative perceptions and attitudes towards substance abuse (Gepper, Bogenschutz, & Miller, 2007)

Chapter 3: Research Design and Methods

Chapter Overview

The purpose of this quantitative, non-experimental study was to determine whether religiosity acts as a buffer against substance abuse. The two research questions that guided this study will be described in this chapter, as well as the hypotheses and variables associated with those research questions. This chapter also provides details of the research design and methods used in completing this study, including the selection of participants, procedures regarding collection of data, the instruments used to collect the data, and a description of how data were analyzed. The chapter concludes with a discussion of the limitations of this research study and ethical assurances for the participating respondents in the study.

Restatement of Problem

Substance abuse has many negative consequences and there is no definitive way to protect against or successfully treat substance abuse (Parhami, Davtian, Collard, Lopez, & Fong, 2014). Therefore, determining whether religiosity serves as a protective factor against substance abuse is useful. This information will be informative to groups aimed at preventing or treating substance abuse.

Research Questions

Research Question 1: Is there a difference in levels of substance abuse between individuals with high levels of religiosity and individuals with low levels of religiosity?

H_0 1: There is no difference in levels of substance abuse between individuals with high levels of religiosity and individuals with low levels of religiosity.

H_A 1: It is hypothesized that individuals with high levels of religiosity report lower levels of substance abuse compared to individuals with low levels of religiosity.

DV: Substance abuse scores

IV: Religiosity (high, low)

Statistical Analysis: independent-samples *t* test

Research Question 2: Is there a relationship between length of church membership and levels of substance abuse?

H_0 : There is no relationship between length of church membership and levels of substance abuse.

H_A : Longer church membership is associated with lower levels of substance abuse.

Criterion Variable: Substance abuse scores

Predictor Variable: Length of church membership (in years)

Statistical Analysis: simple linear regression

Design

The research design used for this study was quantitative in nature and made use of a non-experimental correlational research designs. A quantitative design, in which research concepts are numerically based (Hagan, 2010), was deemed appropriate for this study given the nature of the research questions posed. In quantitative research, variables under study are measured using an instrument and data are then assessed using statistical methods (Creswell, 2013). A quantitative design was best suited for this study, given the nature of the variables under study and the fact that survey instruments used resulted in numerically-based constructs.

The research conducted in this study was non-experimental in nature, given that participants were not randomly assigned to groups for the assessment of effects of independent variables on the dependent variable. The use of a non-experimental, correlational design was deemed appropriate for the present study given the nature of the research questions asked;

correlation research is used to examine relationships among variables, which is the primary purpose of this study. Correlational research is non-experimental in that one is not able to manipulate variables or use random assignment, key aspects of true experiments (McMillan & Schumacher, 2010).

Participants

The population under study consisted of church goers who attend a Messianic congregation, have a history of substance abuse, and currently reside in the suburban city of the southwest. These individuals include men and women aged 18 and older who come from diverse backgrounds. The participants who served as the sample for this study were recruited from a messianic congregation in the southwest. Individuals from this congregation were targeted as the sample of the study because they are representative of the population that is being studied. To be included in the sample, participants were at least 18 years of age and had a history of substance abuse. Ultimately, data was collected from 24 participants from the messianic congregation.

Procedures

Approval to conduct research through the congregation was granted by the leader of the congregation who gave consent through written approval. A link to the survey, which was housed on the Qualtrics website, was sent via email to each individual. Email addresses were obtained through the leader of the congregation. The leader of the congregation sent the email to all the participants. All participants were provided a survey packet, through the email, including a cover letter outlining the purpose of the study and detailing participants' rights. Each participant was asked to sign a consent form and was informed that participation was voluntary and that their responses would remain confidential. Completion of the survey took approximately 20 minutes for each participant, who agreed to take the survey at their leisure and on a computer

in a place of their choosing. No compensation was received for completing the survey. Upon completion, all participants were thanked for their participation in this survey.

Instrumentation

The surveys given were designed to examine the effects of religiosity on substance abuse. Participants were asked to complete a four page survey consisting of six demographics questions, 15 questions on religiosity, and 20 questions on substance abuse. Religiosity questions were obtained from the Religious Orientation Scale-Revised (Gorsuch & McPherson, 1989), while substance abuse questions were obtained from the Drug Abuse Screening Test (DAST; Skinner, 1982). The following section provides descriptions of the items used to construct the variables used in the analysis of hypotheses.

Independent Variables

The independent variable for the first research question in this study was religiosity. Gorsuch and McPherson's (1989) Religious Orientation, Scale-Revised questionnaire was given and asked the participants to self-report the extent of their religiosity. Statements such as "I enjoy reading about my religion" were included. This scale was based on a Likert type scale reflecting hierarchical levels of feeling frequency (1= I Strongly Disagree, 2= I Disagree, 3= I Am Not Sure, 4= I Tend to Agree, 5= I Strongly Agree). The independent variable was based on a median split of the composite religiosity variable to create low religiosity and high religiosity groups. The reliability estimate for Gorsuch and McPherson's Religious Orientation, Scale-Revised is $\alpha = .83$. This scale confirms the factors found by Kirkpatrick (1988) in his reanalysis of several studies using tradition religious scales. No other direct measures are reported.

The independent variable for the second research question in this study was length of church membership. This variable was measured directly using the response to the item "Length

of Membership in Church” on the demographic portion of the questionnaire. This variable was measured on a continuous scale, and was based on the number of years that participants were members in the congregation.

Dependent Variable

The dependent variable of this study was substance abuse. Skinner’s (1982) Drug Use Questionnaire (DAST-20) was used to measure substance abuse. This 20 item questionnaire is designed to measure a person’s dependency on alcohol and substance abuse. This scale consisted of 20 yes or no questions, such as “Have you abused prescription drugs?” Scores were computed by summing all items on the scale, to create a composite score. Adequate concurrent or convergent validity was reported to have been demonstrated by the fact that the DAST attained 85% overall accuracy in classifying clients according to DSM-III diagnosis. Significant correlations of DAST scores with frequency of various types of drugs used during the preceding 12 months have also been found.

Data Analysis

The research questions were assessed using inferential statistical methods, namely an independent-samples *t*-test and a simple linear regression. Descriptive statistics, including means, standard deviations, and frequencies, were computed for the purpose of describing variable characteristics, as well as demographic information regarding the participants in the study. To test the null hypothesis associated with Research Question 1, an independent-samples *t* test was conducted. This inferential statistical test was used to test for differences in mean substance abuse scores between individuals in two groups: high religiosity and low religiosity. A simple linear regression was conducted to test the null hypothesis associated with Research Question 2 that no relationship exists between length of church membership and substance abuse

levels. The predictor variable included in the analysis was length of church membership, measured in years, while the criterion variable was substance abuse score.

Limitations

Given the nature of the study, the 11 individuals, who withdrew from the study, may have felt uncomfortable taking a survey in which they disclosed personal information about drug use. In order to address this possibility, participants were assured that no identifying information would be obtained during the survey process, and no identifying information would be disclosed in the reporting of results. However, although these assurances were undertaken in an attempt to minimize this limitation, participants may have felt uncomfortable disclosing information about potentially illicit drug use, which may have resulted in untruthful responses from participants.

Ethical Assurances

This study adhered to the research and publication standard set by the American Psychological Association (2001) to safeguard the welfare and privacy of people who consented to participate in this study. The dignity and welfare of participants were respected by keeping personal identities confidential and protected. No names were asked in the instrumentation, nor have they been used in the study results. All participants were assured of confidentiality and anonymity. Participants were provided with an informed consent document explaining their rights and allowing them the possibility of withdrawing from the study at any time. IRB approval was gained prior to conducting the research.

Summary

This quantitative, non-experimental study was designed to examine the relationship between religiosity and substance abuse among church goers. More specifically, the first research question focused on the difference in substance abuse between church members with

low religiosity and those with high religiosity, which was assessed using an independent-samples *t*-test. The second research question focused on whether substance abuse among church members could be predicted by length of membership in the church, and was assessed using a simple linear regression. Data were collected using a survey instrument which contained demographic questions and items from both Gorsuch and McPherson's (1989) Religious Orientation Scale-Revised and Skinner's (1982) Drug Abuse Screening Test. A summary of the demographic characteristics of the sample, details of the analyses, and summary of the results are discussed in Chapter 4.

Chapter 4: Results

Introduction

The purpose of this quantitative study was to investigate the potential relationship between religiosity and substance abuse. Data used in this study were collected using a drug use questionnaire and a survey on religious orientation presented in an online format to members of a messianic congregation in Rancho Cucamonga, California. In order to test the null hypothesis that there is no difference in substance abuse between members of the church with high religiosity scores and members with low religiosity, an independent-samples *t* test was conducted. Additionally, the relationship between length of time at the congregation and drug abuse score was assessed using a simple linear regression as a follow-up analysis. Details of these two analyses and the results obtained are presented within this chapter.

Data Analysis

An independent-samples *t* test, an inferential statistic, was used to test for differences in mean scores of the dependent variable, substance abuse, between two levels (high, low) of the independent variable, religiosity. A secondary analysis, a simple linear regression, was conducted with the purpose of drawing conclusions from the sample regarding the relationship between length of congregation membership and drug abuse scores. The Statistical Package for the Social Sciences (SPSS) 22.0 was used to analyze data collected from 24 members of the messianic congregation. Frequency counts were used to provide information regarding participants' demographic characteristics, while descriptive statistics were used to provide a summary of the variables under study. Prior to conducting each inferential analysis, data were screened to ensure the variables under study met the relevant statistical assumptions associated

with these analyses, including evaluating data for outliers, normality, linearity, and homogeneity of variance.

Sample

Although 24 participants initiated the online survey process, only 13 participants completed the survey to the point that they could be included in the analyses. Of these participants, six (46.2%) were male and seven (53.8%) were female. Ten (76.9%) participants reported being married, with the rest reporting as single ($n = 3$, 23.1%). Participants ranged in age from 23 years to 64 years, with a mean age of 39.85 years ($SD = 14.876$). Participants indicated that they had begun attending the church from anywhere between birth and the age of 49, with the mean age at which they began attending being 21.85 years ($SD = 12.006$). The mean length of membership was 16.46 years ($SD = 12.387$), with length of congregation ranging from 1 to 36 years.

Table 1

Demographic Description of Participants Included in Analyses

Variable	Level	<i>N</i>	%
Sex	Male	6	46.2
	Female	7	53.8
Age	20-29	3	23.1
	30-39	6	46.2
	40-49	0	0.0
	50-59	1	7.7
	60+	3	23.1
Marital Status	Single	3	23.1
	Married	10	76.9

Analysis 1

Using IBM SPSS 22.0, an independent-samples *t* test was conducted to determine whether the substance abuse scores of congregation members with a history of substance abuse

differed between members with high religiosity scores versus those with low religiosity scores. The two religiosity groups (high, low) were created using a median split of the composite religiosity variable, created using Gorsuch and McPherson's (1989) Religious Orientation Scale-Revised. This resulted in seven members in the low religiosity category (composite score ≤ 51) and six members in the high religiosity category (composite score > 51). Dependent variable data were calculated by summing each participant's responses to the 20-item Drug Abuse Screening Test (DAST; Skinner, 1982). Descriptive statistics for the dependent variable are presented in Table 2.

Table 2

Analysis 1 Descriptive Statistics: Substance Abuse

Group	<i>N</i>	Minimum	Maximum	Mean	Std. Dev.
Low Religiosity	7	4	36	26.43	11.193
High Religiosity	6	20	35	27.33	5.574
Total	13	4	36	26.85	8.707

Data Cleaning

Data cleaning was undertaken prior to running the independent-samples *t* test. This included running preliminary analyses to screen for missing data, outliers among the dependent variable, and violations of the parametric assumptions associated with *t* tests. As was previously report, 11 of the original 24 participants did not complete the questionnaire, and as such were unable to be included in the analysis. An assessment of frequency counts among the remaining 13 participants showed that all 13 participants completed all necessary items for computing variable scores.

To check for potential outliers among the dependent variable, raw scores were converted to z-scores and compared against the critical value of ± 3.29 . According to Tabachnick and Fidell (2013), z-scores that fall outside of the $[-3.29, 3.29]$ range represent raw scores that are more than 3.29 standard deviations away from the mean of the sample, and thus represent potential outliers. No significant outliers were found, allowing for all 13 cases to be included in the analysis, $n = 13$.

Assumption Checking: Normality, Homogeneity of Variance

The assumptions associated with independent-samples t tests, normality and homogeneity of variance, were checked to ensure the analysis was appropriate with the data obtained. To check for normality of the distribution of the dependent variable, z-skew and z-kurtosis values were calculated and compared to the critical value of ± 3.29 , $p < .001$, per the recommendation of Tabachnick and Fidell (2013). The z-skew coefficient was calculated by dividing the skew coefficient by its standard error; the z-kurtosis coefficient was calculated similarly. The distribution of substance abuse scores was not found to be either significantly skewed or significantly kurtotic (Table 3), indicating the assumption was met.

Table 3

Skew and Kurtosis for Dependent Variable for Analysis 1

Variable	n	Skew	Std. Error of Skew	Skew Z-Score	Kurtosis	Std. Error of Kurtosis	Kurtosis Z-Score
Substance Abuse	13	-1.455	0.616	-2.362	3.192	1.191	2.680

The assumption of homogeneity of variance refers to the assumption that the sample variance is approximately equal among the levels of the independent variable. This assumption was tested using Levene's Test for Equality of Variances. Levene's test was not significant ($p = .339$), indicating that the assumption of homogeneity of variance was met and equal variances were assumed.

Analysis 1 Results

An independent-samples t test was conducted to determine whether substance abuse scores differed between congregation members with high religiosity and those members with low religiosity. Results of the analysis indicated there was no significant difference in substance abuse scores between the two groups, $t(11) = -0.179$, $p = .861$. That is, mean substance abuse scores among congregational members with high religiosity ($M = 27.33$, $SD = 5.574$, $n = 6$) did not differ significantly from substance abuse scores among congregational members with low religiosity ($M = 26.43$, $SD = 11.193$, $n = 7$).

Analysis 2

A simple linear regression analysis was conducted to determine whether the number of years of membership in the church was significantly predictive of their levels of substance abuse, as measured by the DAST. The predictor variable, years of church membership, was assessed directly using responses to the item “Length of Membership in Church” on the demographic portion of the questionnaire. Descriptive statistics for both the predictor (years of church membership) and criterion (substance abuse) variables for the 13 participants included in the analysis are provided in Table 4.

Table 4

Descriptive Statistics of Variables in Regression Analysis

Variable	N	Minimum	Maximum	Mean	Std. Dev.
Years of Church Membership	13	1	36	16.46	12.387
Substance Abuse	13	4	36	26.85	8.707

Data Cleaning

Prior to running the regression, preliminary analyses were used to screen the data for missing data, univariate outliers, and violations of assumptions. As was discussed for Analysis 1, only 13 of the initial 24 participants completed the survey to the point at which meaningful variable data could be constructed. An assessment of frequency counts among these 13 cases revealed no missing data.

Both the predictor and criterion variables were checked for the presence of univariate outliers. As the same 13 cases were included in Analysis 2 as in Analysis 1, no significant outliers were found for substance abuse scores. The raw scores for length of church membership were converted to z-scores to be assessed against the critical value of ± 3.29 , $p < .001$. No z-scores were found outside the $[-3.29, 3.29]$ range, thus indicating no significant outliers among the distribution of predictor variable scores. Thus, all 13 cases were entered into the regression model, $n = 13$.

Assumption Checking: Normality, Linearity, Homoscedasticity

The assumptions of linear regression analysis include normality, linearity, and homogeneity of variance (homoscedasticity); these assumptions were tested to ensure the regression analysis was appropriate for use with the present data. As the distribution of substance abuse scores had previously been checked for and found to display sufficient normality in Analysis 1, only length of church membership was assessed for normality at this point. The z-skew and z-kurtosis values calculated, and both were within the $[-3.29, 3.29]$ range, indicating no significant skew or kurtosis (Table 5).

Table 5

Skew and Kurtosis for Length of Church Membership Variable

Variable	<i>n</i>	Skew	Std. Error of Skew	Skew Z-Score	Kurtosis	Std. Error of Kurtosis	Kurtosis Z-Score
Length of Membership	13	0.561	0.616	0.911	-1.269	1.191	-1.065

To assess whether the assumption of a linear relationship between the predictor and criterion variables was met, the standardized residuals were plotted against the standardized predicted values (Figure 1). According to Tabachnick and Fidell (2013), a fairly random pattern of residuals indicates a good fit for a linear model. They also suggested that if the residuals appear to be relatively evenly distributed in addition to being randomly scattered around 0, this is an indication that the error variance is fairly constant with the varying values in the predicted variable, indicated that the assumption of homoscedasticity is adequately met as well. Although it is somewhat difficult to judge the distribution of residuals presented due to the low number of cases included in the analyses, it was felt that the two assumptions were adequately met to proceed with the analysis.

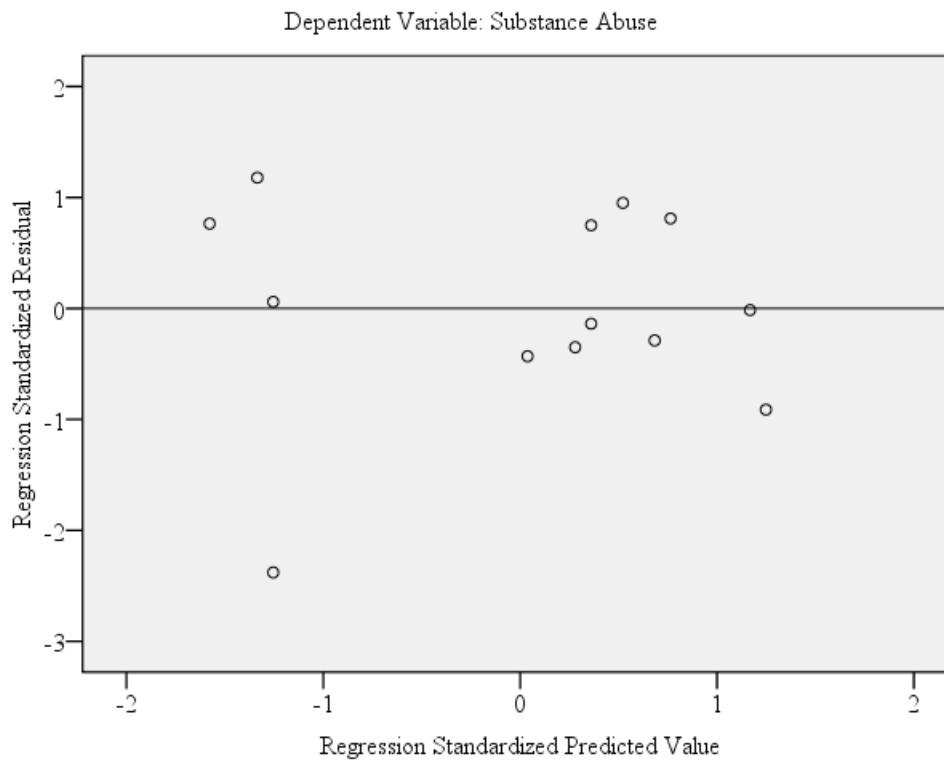


Figure 1. Standardized residuals of substance abuse against standardized predicted values

Analysis 2 Results

Using IBM SPSS 22.0, a linear regression was performed to assess the relationship between length of church membership and substance abuse score. The results of the analysis indicated that length of church membership among congregational members with a history of substance abuse did not significantly predict their levels of substance abuse, $R = .127$, $R^2 = .016$, $F(1, 11) = 0.180$, $p = .680$. The results of the analysis are displayed in Table 6.

Table 6

Model Summary Generated from Regression Analysis

	<i>R</i>	<i>R</i> ²	Standard Error	F	Sig.
Model	.127	.016	9.021	0.180	.680
	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	<i>t</i>	Sig.
(Constant)	28.313	4.270		6.630	<.001
Length of Membership	-0.089	0.210	-0.127	0.424	.680

Summary

This study was aimed at assessing the effects of religiosity on substance abuse. Data were collected from adult members of a messianic congregation in southern California, ages 18-65, through the use of qualtrics, an online survey software. Surveys were distributed by the congregation leader via email. Results of an independent-samples *t* test showed no significant difference in substance abuse scores between congregation members with high religiosity and those members with low religiosity. Additionally, a simple linear regression analysis indicated that years of membership in the congregation did not significantly predict substance abuse scores. A discussion of these results in the context of past research is presented in Chapter 5. Recommendations for practice and for further research based on these results are also discussed in Chapter 5.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Substance abuse continues to be a national problem that can negatively impact one's health, both physically and emotionally. According to the Robert Wood Johnson Foundation (2001), the abuse of alcohol, tobacco, and illegal substances accounts for more than half a million deaths in the United States Alone costing more than 400 billion dollars in related healthcare, criminal justice, and social welfare expenses. Research suggests, however, that religion may serve as a protective factor against substance abuse (Krause, 2003; Sanchez et al., 2008; Wallace et al., 2007).

Gorsuch (1995) postulated that individuals who are positively involved with their religion are less likely to abuse drugs than individuals who are involved in a restrictive or negative religion, or no religion at all. Gorsuch found that the research suggested that individuals who request their religious beliefs to be considered as part of treatment, the treatment may be effective. This research is beneficial as it may provide the knowledge about the impact of religious affiliation and substance abuse.

Although numerous studies on religion and substance abuse have been conducted, there is little research done on specific congregations. The question of whether religiosity acts as a buffer against substance abuse is an important one. This study was conducted to gain clear insights about a particular Messianic Congregation in the southwest, which welcomes those who have had a difficult past with substances, and gives them a religious foundation that helps, allows, and encourages them to change because of that religion. This is specifically different than Alcoholics Anonymous and Narcotics Anonymous in that it is denominational.

The primary purpose of this study was to assess whether religiosity is associated with substance abuse among a group of adult members from a Messianic congregation in southern California. Understanding the association between religiosity and substance abuse may impact the field of addiction as it provides support and evidence to include religion in substance abuse treatment programs. Additionally, understanding the effect of religiosity on substance abuse can inform substance abusers and substance abuse treatment centers who should be informed and can use this information to create appropriate programs. The research question that framed this study was:

RQ1: Will individuals with high levels of religiosity report lower levels of substance abuse compared to individuals with low levels of religiosity?

This research question was addressed through the use of quantitative questionnaire data from a sample of adult members at a Messianic Congregation in southern California. This chapter provides a summary of the findings, a discussion of the results, and recommendations for future research.

Summary of Findings

In order to address the research question posed in this study, an independent-samples *t*-test and a simple linear regression were conducted. The results of these analyses provide insight into the relationship between religiosity and substance abuse among a group of congregational members with a past history of substance abuse. The use of the two types of analyses allowed for the research question to be considered both in terms of religiosity scores and length of membership in the church.

An independent-samples *t* test was conducted to determine whether substance abuse scores differed between congregation members with high religiosity and those members low

religiosity. Results indicated that there was no significant difference in substance abuse scores between the two groups, $t(11) = -0.179$, $p = .861$. Congregation members with high religiosity ($M = 27.33$, $SD = 5.574$, $n = 6$) did not differ significantly from members with low religiosity ($M = 26.43$, $SD = 11.193$, $n = 7$) in regard to substance abuse scores.

A simple linear regression was conducted to determine whether the number of years of membership in the congregation was significantly predictive of levels of substance abuse. The results of the analysis showed no significant relationship between length of church membership and substance abuse, $R = .127$, $R^2 = .016$, $F(1, 11) = 0.180$, $p = .680$.

Discussion of Results

The same size was significantly lower than anticipated, which likely had a significant impact on the results. With a small sample size, the statistical power is low, making it difficult to detect small-to-moderately sized effects, so unless the effect size (the difference between groups/the relationship between religiosity and substance abuse) is large, it is unlikely to get a significant result. This may partially explain why the results were not significant, there were simply not enough participants. By all means, it could also be because there is no relationship/difference to find, but it is difficult to say that definitively with a small sample size.

Based on the results, the null hypothesis has been retained in that there is no difference in drug abuse between low/high church influence groups. This is not in congruence with the past literature that shows religion can be protective factor. Religious institutions and congregations tend to be closely knit where individuals can develop and foster relationships with one another. The questionnaires involved self-report. Self-reporting is often subject to bias and may open the door to misunderstandings and misinterpretation. Individuals may not have been willing to disclose or relive such delicate and maybe traumatic details of their past lives. Moreover,

members of the congregation may have been concerned with portraying their congregation in a negative light if admitting to past or present drug use.

Krause (2003) found that older people, between the ages of 40-65, who associate with fundamentalist churches, are more likely to avoid drinking. The sample of the current study mainly consisted of individuals under the age of 39. Perhaps the church under study, which mainly consisted of younger members, and maybe was less “fundamentalist” in nature, could explain why a difference was not found.

Wallace et al. (2007) looked at high school students; however the present study studied adults. This may be a reason why Wallace et al. found that religion was a protective factor against substance abuse but the current study did not. For example, assuming that there would be a much lower prevalence of substance abuse among 10th graders than among adults, perhaps the relationship Wallace et al. found may disappear as individuals get older and have more access to illegal substances/more life experiences.

Chapters 1 and 2 reviewed the historical and theoretical literature pertaining to religion and spirituality. The literature demonstrated the evidence that religion and spirituality are fundamental foundations in the practice of psychotherapy, and more importantly, it highlighted research supporting the improvement of individuals’ mental, physical, and spiritual overall wellbeing through spiritually oriented interventions. Results of the study are not in congruence with the psychoanalytic theoretical framework. Religion and psychology both aim at alleviating suffering within the individual. Empirical evidence suggests that religion contributes positively to mental health; therefore, the religious and spiritual range of individuals’ lives may be supplementary tools in the therapeutic undertaking. Research has clearly indicated that spiritually

oriented interventions can provide as a powerful healing means for individuals during psychotherapy (Frame, 2003).

Implications for Practice

The literature reviewed pertaining to the relationship between religion and substance abuse fail to answer certain questions pertaining to the role of religion in the substance abuse treatment process. Although significant difference/relationship was not found in the current study, given that previous research has shown religion to be a deterrent/protective factor against substance abuse, religion may be more powerful for prevention than treatment. The research indicates that religiosity is said to be important in the recovery and treatment of the dependency of drugs especially psychoactive substances. Results of the current study are not in congruence with the previous findings; however, more research needs to be conducted on that topic in order for religion and spirituality to be incorporated into treatment programs.

Recommendations for Future Research

Additional studies on the effect of religion and substance abuse must be conducted with a more comprehensive sample. The current study had a very small sample of participants and therefore it is difficult to make conclusions based on the results found in this current study.

It is a possibility that different religions may have different effects on likelihood of substance abuse. The current study looked at one religious sect; it would be critical for other sects to be examined as well. Perhaps there would be differences in people raised in religions that prohibit alcohol consumption, like Mormonism or Islam. Granted, the current study's main focus was not alcohol specific; however, it could be viewed as a gateway substance and maybe differences may have been seen between religions that don't condone alcohol use and those that do.

The relationship between religiosity and substance abuse could be mediated or moderated by some other variable. Research on religiosity and substance abuse could have included other variables such as culture, disabilities, socioeconomic status, and more health related issues. Religiosity is a complex multidimensional construct and more dimensions of religion should be studied such as behaviors, attitudes, and beliefs. This notion enables future religiosity and substance abuse researchers to explore a variety of factors that have yet to be addressed.

Summary

Substance abuse is a nationwide problem that negatively impacts an individual as a whole. The role of religion and spirituality are important constructs to explore in both the prevention aspect and treatment process of substance abuse. Including religion in the substance abuse prevention and treatment process could decrease or remove issues and obstacles associated to substance abuse recovery and sobriety maintenance such as, relapse prevention, legal issues, and health related issues. The theory of religion and spirituality should be addressed in addictive disease education programs. Information concerning the construct of religion and spirituality should be delivered and shared with mental health professionals, clients, families, and clinical supervisors.

Mental health professionals in substance abuse treatment programs should look into their client's preferred religious preferences, daily practices, and spiritual beliefs. The research does indicate that substance abuse professionals are more likely to include religion and spirituality in the treatment process if the client denotes that it is an important factor in their daily life (Allen & Lo, 2010). The research and literature suggest that religion is an essential part in substance abuse treatment (Allen & Lo, 2010)

The current study revealed that there is no difference in drug abuse between low/high church influence groups, partially due to the low number of participants. This is not in congruence with the past literature that shows religion can be protective factor. However, the present study provides insight for future research to be conducted.

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