Religion and Spirituality

in

Childhood and Adolescence

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Religious faith, beliefs, and activities are important aspects of the lives of American adolescents. Although researchers have found a general age trend for religiousness to decline from childhood through adolescence (Benson, Donahue, & Erickson, 1989; King, Elder, & Whitbeck, 1997), the percentage of American high school seniors who self-reported church attendance at least monthly was highly stable from 1987 through 1994, ranging from a low of 46% in 1990 to a high of 50% in 1992 (Donahue & Benson, 1995). These percentages were derived from Monitoring the Future reports published by the Institute for Social Research at the University of Michigan, based on annual nationwide surveys of a nationally representative sample. Using the same annual survey, Youniss, McLellan, and Yates (1999) reported that over 60% of high school seniors reported that religion was "pretty" or "very" important to them. This percentage was highly consistent across the decades of the 1970s, 1980s, and 1990s.

A substantial body of literature exists in the social and behavioral sciences on associations between religion, spirituality, and well-being in adulthood. Depending upon the types of measures of religiosity and spirituality utilized and the outcomes assessed, results with adults support low but significant positive associations between religiosity and components of well-being, including substance abuse, mental health, physical health, and general life satisfaction (e.g., Ellison, 1991; Ellison, 1993, Fischer & Richards, 1998; George, Larson, Koenig, & McCullough, 2000). Despite the obvious importance of religion in the lives of children and adolescents, however, considerably less attention has been paid to associations between religiosity and well-being prior to adulthood. In this report, we will begin with a brief discussion of theories of religious development. This will be followed by sections outlining possible mechanisms for associations between child and adolescent religiosity, parental religiosity, and well-being. The fourth section will discuss issues pertaining to the measurement

of religiosity and adolescence in childhood and adolescence. Fifth, two sections will draw together recent empirical reports attempting to evaluate the contributions of religiosity to child and adolescent well-being, primarily focusing on work pertaining to religiosity and well-being prior to the college years. The final section will summarize the research, summarize issues to be addressed in future research, and will present some possible implications of the research literature for intervention and treatment programs.

A Conceptual and Theoretical Overview of Religious and Spiritual Development

in Childhood and Adolescence

A consensus report prepared by a panel convened by the National Institute for Healthcare Research (NIHR; see George et al., 2000) defined spirituality as behaviors, cognitions, and emotions that arise as part of an individual's search for connection with a divine being, a higher power, or an ultimate truth. Religion or religiousness may also involve a search for the spiritual, as it is undertaken within a collective (i.e., a church or some other type of religious community) that provides guidance, validation, and support for the methods with which that search is conducted. This definition of religiousness is similar to Allport's description of intrinsic religiosity (Allport & Ross, 1967).

The NIHR panel (George et al., 2000) also identified a second type of religiousness characterized by the same collectivity described above, but with different underlying goals. This form of religiousness involves participation in a religious community in order to reach goals that are not inherently spiritual in nature, such as opportunities for social interaction or financial gain. This definition is consistent with Allport and Ross' (1967) description of extrinsic religiosity. Theoretically, the distinction between these two types of religiosity is relevant for understanding whether positive effects of religiousness are primarily due to the benefits of membership in a

supportive community (a social support or social bonding perspective), or whether religiousness may contribute to well-being for reasons that are more tied to personal faith—such as an sense of purpose or meaning in life.

The meanings of religious participation and of religious beliefs change across the course of development. Most theories of religious development have as their foundation the cognitive developmental theory of Piaget (e.g., Piaget, 1962; Piaget & Inhelder, 1958). The focus of these theories is on the structure of religious thought as it changes across time, rather than on the content of religious beliefs. Notable among these theories are those of Elkind (e.g. 1964, 1970) Goldman (1964), Fowler (e.g., Fowler, 1991; Osmer & Fowler, 1985), and Oser (e.g., 1991). These theories have in common the proposal that religious thinking, in conjunction with other areas of thinking, moves from concrete imagery and literal beliefs in childhood to more abstract religious thinking in adolescence. Thus, it is only in adolescence that religious beliefs and values are expected to begin to take on the same meanings that they have in adulthood. In the following sections, we will briefly review the theories of religious development elaborated by Elkind, Fowler, and Oser, as well as Kirkpatrick's attachment theoretical perspective on the development of individual differences in religiosity (Kirkpatrick, 1997; Kirkpatrick & Shaver, 1990).

Elkind's Studies of Religious Development.

In adolescence and adulthood, individuals understand that different religions and religious denominations have different foundational beliefs, including different beliefs about the nature of God (or gods) and humankind, and the relationship between the two as expressed through worship, prayer, and the activities of daily life. When older adolescents and adults self-report denominational affiliations, therefore, they are not simply identifying the church that they attend, but are rather identifying a set of religious practices to which they adhere, and the

religious beliefs that underlie these practices (at least to the extent that the individual perceives their religion to be important in their lives).

Elkind (1964; 1970) found that such understanding of religious beliefs and practices is not present in young children, but rather develops across childhood. Elkind proposed that there are three stages of religious development in childhood and adolescence that parallel the preoperational, concrete operational, and formal operational stages of cognitive development described by Piaget.

Stage 1 thinking is characteristic of preschool-age children. In this stage, preoperational children are beginning to use signs and symbols to represent objects in their real lives. They are able to use categorical thinking, but they have little ability to understand what distinguishes categories from each other, or that an individual or object can be classified into more than one category at the same time. Young children cannot, for example, understand that an individual can be Catholic and American at the same time. Children who are raised in a religion may know the name of their denomination, and that the name of the denomination represents something about individuals who belong to that denomination, but they have very little understanding of what distinguishes one denomination from another.

Stage 2, spanning the elementary school years, represents an increased level of understanding about religion and religious beliefs. In keeping with the concrete operational thought that characterizes children of this age, however, thinking about religion is also based on observable behavior, rather than on thoughts, feelings, and motivations. Children understand that denominations differ in their religious activities, but they have much less understanding about the differences in religious beliefs that underlie different activities. Similarly, when

children at this age are asked to describe prayer, they focus on the activity of prayer, rather than on the inner feelings and beliefs that older individuals may explore and express in prayer.

Finally, Stage 3 religious thinking becomes possible with the advent of formal operational thought. Typically beginning in preadolescence or early adolescence, Stage 3 is characterized by the capacity for understanding abstract concepts and for personal reflection and exploration of religious beliefs, values, and practices. Denominations are understood to differ because of underlying differences in beliefs, and prayer is understood as a private and personal experience of communion with God. Thus, it is with the advent of Stage 3 religious thinking that young adolescents' responses to questions about religion are likely to be similar in their meaning to those of adults.

Fowler's Faith Development Theory

Fowler (1991; Osmer & Fowler, 1985) developed a theory of faith development that, like Elkind's theory, includes a series of stages that largely follow the cognitive developmental stage theory of Piaget. This theory is also strongly influenced by Erik Erikson's psychosocial theory of ego identity development (e.g. Erikson, 1950; 1980). As defined by Fowler (1991), faith is "...the dynamic process of construal and commitment by which we focus our trust and loyalty, our dependence and confidence, in a center or centers of value, and on images and realities of power. In faith we find coherence for our lives through allegiance to an emerging, conscious master story or stories" (p. 33). Fowler suggested that faith develops in the context of interpersonal relationships, and that the capacity and need for faith are innate human characteristics. Faith includes religious faith, but faith can also include trust and loyalty to other "centers of value" including family, country, or career.

Fowler's is a life span theory, four stages of which occur in childhood and adolescence. Fowler referred to these as stages of faith consciousness. The first stage, *primal faith*, occurs during infancy. Consistent with Erikson's description of the task of infancy as being the development of a sense of basic trust (versus mistrust) in caregivers, Fowler suggested that experiences of being provided with consistent and appropriate caregiving promote faith in caregivers. Faith in caregivers thus forms the foundation for subsequent faith development, including religious faith. Such a view is consistent with the attachment theoretical approach to religious development presented by Kirkpatrick and his colleagues (Kirkpatrick, 1997; Kirkpatrick & Shaver, 1990).

Fowler's second stage is the stage of *intuitive-projective faith*, which emerges during the preoperational stage as described by Piaget. During this period, children do not have a true capacity for logical reasoning, but they are still concerned with making meaning out of their experiences. Piaget (1962) described how preoperational children, in their fantasy play, often act out events that they have experienced, sometimes painful or confusing events, and suggested that this repetition is their way of dealing with and understanding these events. In this stage children use their newly-developing imagination and ability to use symbols in order to understand what is going on around them, including what parents and other important figures tell them about God and religion, and of the religious behaviors that are modeled by these adult figure.

The stage of intuitive-projective faith also coincides with Erikson's second and third stages of psychosocial development—autonomy versus shame and self-doubt, and initiative versus guilt. During these stages, self-related emotions such as shame, guilt, pride and self-confidence are being established. Positive development through these stages leaves individuals with a healthy balance between positive self-feelings and the capacity to experience the moral

emotions of shame and guilt when warranted, without being overwhelmed or incapacitated by them. Consistent with Erikson's descriptions, Fowler suggested that the emotional bases for faith are established during this early period of development.

The third stage of faith development is the stage of *mythic-literal faith*. This stage is made possible by the development of concrete operational thought during the elementary school years. At this stage children can think logically about real events, but they have difficulty with abstract concepts. School-age children are very literal, and this colors their understanding of God and religion. Erikson describes this as the stage of industry versus inferiority, when children are focused on learning the skills that are valued in their society. In the domain of moral reasoning, Kohlberg (e.g., Colby & Kohlberg, 1987) similarly suggested that this is the age period during which moral reasoning reflects a desire on the part of the child to be seen as "good" in the eyes of parents and other authority figures—what is moral is what will please these figures. In the realm of faith consciousness, then, Fowler described children at this stage as typically accepting without question the religious beliefs of their parents—particularly when those beliefs are presented unambiguously—but with little depth of understanding.

The final pre-adult stage involves *synthetic-conventional faith*. This stage becomes possible in the preadolescent and early adolescent periods, with the onset of formal operational thought. In agreement with Elkind's description of Stage 3 developments, Fowler's description of the advances of the synthetic-conventional stage of faith development suggests that it is at this point when self-reports of religious values may become predictive of other aspects of emotional well-being. The greater cognitive abilities of this stage , including greater ability to understand abstract concepts, may lead to a perception of logical inconsistencies in the religious messages with which the adolescent has grown up as well as greater awareness of conflicting religious

beliefs and ideologies. Adolescents may consequently exhibit an increased desire to explore alternative ideologies, and may also lead to the rejection of religion entirely.

Consistent with this description of adolescence as a time of increased questioning and exploration, Erikson (1960; 1980) identified this adolescent stage as the stage of ego identity versus identity diffusion, and stated that among the key accomplishments in establishing a healthy sense of personal identity was to find persons, ideologies, and institutions in which to have faith. Adolescents may develop deeper understanding and appreciation of the religions in which they were raised, in part because of their active exploration of that faith as well as alternative value systems, or they may adopt religious views and values that differ from those of their parents and childhood religious communities.

Oser's Theory of the Development of Religious Judgment

Oser's theory focuses on stages in the development of religious judgment (Oser, 1991). Oser defines religious judgment as "...reasoning that relates reality as experienced to something beyond reality and that serves to provide meaning and direction beyond learned content..." (Oser, 1991, pp. 6-7). Oser was particularly interested in developmental changes in the explanations that children and adults have for experiences, both personal and observed, that appear to be contrary to religious beliefs. Religious judgments thus involve the answers that individuals find for themselves that reconcile religious faith with reality that appears to contradict that faith.

Oser described five stages in the development of religious judgment, three of which are typically stages of reasoning reached in childhood and adolescence, and a fourth of which develops in a minority of individuals in adolescence. Oser developed this stage theory based on interviews with individuals from ages 7 through 75. In Stage 1, children's views of God are

highly concrete and literal. God is seen as immediately involved in the everyday events of the world, as causing all events and as creating all things. God must be obeyed because disobedience brings immediate punishments, such as accidents or illness. At the same time, individuals are seen as having minimal influence on God. This form of religious judgment parallels the earliest stage of preconventional moral reasoning as described by Colby and Kohlberg (1987), in which laws and rules must be obeyed primarily to avoid punishment.

In Stage 2, older children and adolescents view God in a less punitive light. God can be influenced by an individual's good behavior, by prayers, and by adherence to religious rituals and practices. God's love is seen as evident in a healthy and happy life, God's wrath in his failure to intervene in times of strife. At the same time, God is also seen as less likely to intervene concretely and directly in human affairs.

Beginning in adolescence, Stage 3 religious judgment becomes increasingly common. God is seen as more distant and apart from the world, and individuals are seen as more responsible for their own well-being. Development from Stage 2 to Stage 3 judgment is promoted by personal experiences and observations of people prospering or suffering unjustly, and of prayers not answered. In the face of increasing recognition of injustice and human suffering, this is also a stage of increased questioning of the existence of God and increasing atheism among adolescents. In Stage 4, which begins to appear among a small percentage of older adolescents, individuals who maintain religious faith may turn again to God as the ultimate creator who is the source of freedom and life, and whose existence makes life meaningful.

Finally, it should be noted that Oser's theory does not suggest that all religious judgments exhibited by an individual will necessarily be at the same stage, nor that all individuals of the same age will exhibit the same levels of religious judgment. Rather Oser suggested, and his

research has found, that the percentages of religious judgments representative of each of his stages demonstrate age-related increases and subsequent decreases, as described above.

Kirkpatrick's Attachment-Theoretical Perspective on Individual Differences in Religiosity

Each of the theories described thus far focus on age-related trends in the development of religious thinking. While acknowledging individual differences in understanding and reasoning, the focus is on general trends, rather than on the causes of individual differences. In contrast, the attachment-theoretical perspective of Kirkpatrick (Kirkpatrick, 1997; Kirkpatrick & Shaver, 1990) is primarily focused on individual differences in religious beliefs. Kirkpatrick proposes that individuals' religious beliefs and practices are influenced by those of their parents, but the nature of this influence is strongly affected by the quality of the parent-child attachment relationship. According to Kirkpatrick (1997), children whose attachment relationships with parents are secure are likely to adopt the religious beliefs of their parents, while those whose attachment relationships are insecure are likely to be less influenced by parents. Further, based on attachment theory (e.g. Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969; Bretherton, 1987), Kirkpatrick suggests that an individual's relationship with God can be considered as an attachment relationship. According to Kirkpatrick (1997),

> ...the availability and responsiveness of an attachment figure, who serves
> alternately as a haven and as a secure base and from whom separation would
> cause considerable distress, is considered a fundamental dynamic underlying
> Christianity and many other theistic religions. Whether that attachment figure is
> God, Jesus Christ, the Virgin Mary, or one of various saints, guardian angels, or
> other supernatural beings, the analogy is striking. The religious person proceeds
> with faith that God (or another figure) will be available for protection and will
> comfort him or her when danger threatens; at other times, the mere knowledge of
> God's presence and accessibility allows a person to approach the problems and
> difficulties of daily life with confidence... (p. 117)

As with any attachment relationship established beyond infancy, the quality of the primary attachment relationship(s) established with caregivers in infancy and early childhood is

expected to strongly affect qualitative characteristics of the relationship with God. Secure relationships with religious parents may promote high levels of religiosity, and belief in a loving and supportive God. Insecure relationships, particularly with religious parents, may promote agnosticism and atheism, or belief in a God who is punitive and demanding. In other cases when primary attachment relationships have been insecure, a relationship with God may serve a compensatory role. In adolescence or adulthood, an individual may turn to a personal relationship with God in an effort to obtain security that was unavailable to them from their early attachment relationships. In support of this view, Kirkpatrick and Shaver (1990) found that sudden religious conversions were four times more frequent among adults who retrospectively reported having insecure, avoidant attachment relationships with their mothers than among adults self-reporting secure attachments with their mothers. Further, these researchers found that respondents who reported avoidant attachment relationships with relatively nonreligious mothers were the most religious, particularly the most conservatively religious, of all of the respondents in the study. Interestingly, when maternal religiousness was high, respondent religiousness was not related to attachment security.

Conceptual Links Between Child and Adolescent Religiosity and Other Aspects of

Well-Being

As with the literature on adult religiosity and well-being, there is considerable disconnect between theories of religious development and research on child and adolescent religiosity and other aspects of well-being. As will be discussed in a later section, research tends to focus on measures of current religious beliefs and practices, such as denominational affiliation, religious orthodoxy, conservatism or fundamentalism, the importance of religious beliefs, and participation in religious activities. Developmental changes have seldom been addressed, and no

studies have been conducted linking differences in faith consciousness, religious judgments, or other developmental constructs to individual differences in other aspects of well-being.

Why should religiosity be associated with well-being in childhood and adolescence? There are several mechanisms through which religiosity, as tapped by these types of measures, may influence child and adolescent well-being (George, et al., 2000), some of which have been examined in more detail than others. Among the possible mechanisms are the creation of social capital and provision of social support, the promotion of healthy behavior, the promotion of prosocial behavior and the inhibition of antisocial behavior, and the provision of a sense of purpose and meaning in life. Also, self-selection into religious communities must be considered as a competing explanation for associations.

Social Capital and Social Support

As discussed by King & Furrow (2001), children and adolescents who are part of a religious community are likely to have an expanded network of caring and nurturing adults as well as age-mates who know them well and who can serve as resources for emotional, physical, and financial support. Further, as children move through adolescence and increasingly develop an understanding of prayer as a personal communication with God (Scarlett & Perriello, 1991), God becomes a confidant and a source of emotional support as well (Waite, 2001).

Health Promotion

Most religions include proscriptions against drug and alcohol abuse (e.g., McBride, Mutch, & Chitwood, 1996), and many include dietary restrictions as well that may promote health. Many religions specifically teach that a healthy body and a healthy spiritual life go hand in hand. Physical health thus takes on additional spiritual meaning as a sacred duty to God as well as to self. Perhaps no religion states this more explicitly than the Seventh-day Adventist

Church. In open-ended interviews with a sample of 1,865 students attending Adventist colleges, McBride and colleagues found that the most frequently cited reason for abstaining from alcohol and drugs involved concerns for health. Eighty-seven percent of their respondents cited health reasons, while 73% mentioned a commitment to follow Christ. Interestingly, the difference was more pronounced among white students (86.5% vs. 70%) than among African-American (92% vs. 82%) and Hispanic students (87% vs. 85%).

Promotion of Prosocial Behavior

One important characteristic of church-affiliated youth groups is that they promote involvement in community service activities. Indeed, Hodgkinson and Weitzman (1997) reported that the two most frequent means by which teenagers got involved in service activities were school and church groups. Nolin, Chaney, Chapman, and Chandler (1997) found that students attending religious schools were substantially more likely to report engaging in service activities than were students attending public schools (66% versus 42%, respectively). Using data from Monitoring the Future surveys conducted in the 1970s, 1980s, and 1990s, Youniss and colleagues (1999) found that the personal importance of religion was consistently and positively associated with engaging in service activities. In every decade, approximately 74% of students who reported that their religion was important to them engaged in service at least occasionally, while only 25% of students reporting that religion was not important to them did so.

Beyond opportunities for service provided by churches, religiosity may promote prosocial behavior, and reduce the probability of antisocial behavior, in another way as well. Acceptance of the moral tenets of a religious faith may be a primary contributor to the development of healthy guilt responses to wrongdoing or failures to act in moral and prosocial ways. Although little research has been conducted on the connection between guilt and religion

in childhood and adolescence, studies with college students and other adult samples indicate that intrinsic religiosity (i.e., commitment to religion and participation in religious activities because of personal faith) is associated with feelings of guilt in reaction to wrongdoing (Fischer & Richards, 1998).

Provision of Purpose and Meaning

In Erikson's psychosocial theory of development (Erikson, 1968; 1980), the major task of adolescence is the exploration of occupational and ideological identities that will form the foundation for continuing positive psychosocial development and functioning in adulthood. Religious dogma and tradition can prove particularly attractive to adolescents because they are searching for institutions and individuals that provide answers to questions regarding the ultimate meaning of life, and a sense of continuity and belonging to something that is greater than self. Although this search can create vulnerability to the influence of charismatic leaders and cults, the senses of history, tradition, and ties to higher beings and universal principles that religions provide can also provide positive connections to society.

Conceptual Links Between Parental and Familial Religiosity or Spirituality and

Child and Adolescent Well-Being

Particularly in the years prior to adolescence, parental religiosity and spirituality may have a more powerful impact on child well-being than does the child's own self-reported religiosity. Some of the mechanisms of influence are the same as those described above, including increased social capital and social support, and promotion of healthy behavior. In addition, parents' religiosity may affect children's well-being through both direct and indirect influences on parenting behavior. Parental religiosity may influence their family, work and community behaviors in ways that affect children, for example, by affecting their propensity to

divorce. Finally, parents' religiosity may influence the behaviors and beliefs that they model for their children.

Social Support

Parents who are connected with a religious community may experience higher levels of social support themselves and may afford their children greater opportunities for such support than do parents who do not participate. A consistent empirical finding is that adults who are part of a religious community are less socially isolated than are other adults (e.g. Garfinkel, 2001, King, 2001; Sherkat & Ellison, 1999). King (2001) found that religious grandparents were more involved with their grandchildren than were less religious grandparents. This increased involvement was explained in large part by greater involvement in all types of family and social ties within the community, although there were also some direct effects of personal aspects of religiousness as well, including private devotion and religious orientation.

Health Promotion

Parents who adhere to religious proscriptions against unhealthy behaviors may be more likely than less religious parents to provide their children with a healthy environment, and may serve as stronger models of health promoting behavior. As described earlier, most religions have proscriptions against the abuse of alcohol, tobacco, and other substances. Research with adults has found that attendance at religious activities and affiliation with conservative denominations are associated with low levels of the use of these substances (Sherkat & Ellison, 1999). In turn, Oetting (1999) suggested that the strongest influence of religion on child and adolescent substance use and abuse may be through the effect that religion has on the social norms conveyed to children by their primary socializers—principally, their parents.

Direct Effects of Religiosity on Parenting

Wilcox (2001) described a number of ways in which participation in religious institutions may directly affect parenting. First, religions imbue childrearing with divine and moral significance, consistent with their views on the nature of the child, which can become a resource for coping with the emotions aroused by childrearing stresses. Religions also frequently provide concrete guidance on childrearing that may provide practical coping strategies for parents. Second, religions and religious institutions offer opportunities for parents and children to participate in activities together—including activities that are central to the foundations of the religion (e.g., worship services, bar mitzvahs, first communions) and activities that are more social in focus. Third, participation in the activities of religious communities affords opportunities for involvement with other families with children of similar ages who can offer advice and encouragement, thus providing a support network for parents.

Religious coping. The potential influence of religion on coping with childrearing difficulties has been a particular focus of theory and research on families of children with disabilities (e.g. Rogers-Dulan & Blacher, 1995). This largely descriptive and qualitative body of research suggests that parents often use religious coping strategies to deal with the stresses involved in having a child with disabilities or chronic medical conditions. Religious forms of coping include cognitive restructuring of a situation—such as when parents perceive their disabled child as a gift from God or when parents believe that God never gives individuals more than they can bear—and the use of religious rituals such as prayer, attendance at religious services, and going on pilgrimages on behalf of their children or themselves.

Childrearing guidance and parenting styles. The childrearing advice and recommendations provided by religious organizations may provide a resource for parents facing

uncertainties regarding proper ways in which to deal with children as they develop. That said, however, it should also be noted that recommendations for childrearing made by religiously-oriented "experts," do not always coincide with recommendations made by child development experts based on the research literature.

One focus of considerable attention has been associations between parents' religious beliefs and denominational affiliation and authoritarian parenting goals (e.g., children's unquestioning obedience to parental authority) and practices, particularly the endorsement of spanking and other forms of physical discipline. Most of the literature on parenting styles and child outcomes suggests that authoritarian parenting has negative implications for children's social, personality, and cognitive development, when compared to more authoritative, democratic parenting practices (see Maccoby & Martin, 1983). Other work has indicated, however, that negative effects may be most likely to be found in white, middle class samples and that such effects may not generalize across age, race, sex, or socioeconomic groups (e.g. Gunnoe & Mariner, 1997).

Conservative and Fundamentalist Protestant denominations actively promote authoritarian parenting styles, including strong emphasis on child obedience to parental authority and endorsement of corporal punishment (Mahoney, Pargament, Tarakeshwar, and Swank, in press; Sherkat & Ellison, 1999). In one recent study, Gershoff, Miller, & Holden (1999) found that parents who belonged to Conservative Protestant denominations (e.g., Adventist, Baptist, Pentecostal) were significantly more likely to spank or slap their three-year-old children than were parents who were affiliated with Mainline Protestant denominations (e.g. Methodist, Episcopal), Roman Catholics, or those reporting no religious affiliation. Indeed, 29% of the Conservative Protest parents reported spanking their preschoolers three or more times per week,

compared with 5% or fewer of the parents in the other groups. This difference appeared to be associated with a greater belief among the Conservative Protestant parents that corporal punishment was an effective discipline technique that had few negative consequences.

Other researchers have reported findings similar to those of Gershoff and colleagues (1999). Ellison and his colleagues (Ellison, Bartkowski, & Segal, 1996) found an association between denominational affiliation and use of corporal punishment, although the effect of denominational affiliation was largely mediated by parents' endorsement of conservative theological beliefs. Using data from the National Longitudinal Survey of Youth, Giles-Sims, Straus, and Sugarman (1995) found that Catholics were significantly less likely to spank their children than were mothers self-identifying as Protestant or Other. Mothers with no religious affiliation were not significantly different from any other group. Mahoney and colleagues (in press) summarized this literature on associations between religiosity and corporal punishment, reporting that the body of research evidence supporting a link between parents' Christian conservatism and positive attitudes toward corporal punishment is quite strong, although the link with actual use of corporal punishment is less robust and tends to be more pronounced in studies involving families with younger children. In contrast, Mahoney and colleagues found that measures of religious importance, rather than Christian conservatism, were inconsistently associated with authoritarian parenting and corporal punishment.

Fewer studies have examined associations between religiosity and parenting behaviors and characteristics beyond discipline practices. Some researchers have suggested that although theologically conservative parents may endorse corporal punishment and strict discipline, they are also characteristically physically and emotionally warm and supportive—parental characteristics that have been found consistently to be associated with positive child outcomes

(see, for example, Maccoby & Martin, 1983). Wilcox (1998) found support for this hypothesis in a study of parents of preschool and school-age children interviewed as part of the 1987-1988 National Survey of Families and Households (NSFS). In that study, parents who endorsed conservative Christian beliefs reported more frequent hugging and praising of their preschool and school-age children than did less theologically conservative parents.

Wilcox (2001) also examined data from a predominantly urban sample of parents of children aged 10 to 18, assessing parental denominational affiliation and aspects of family social capital, including parental involvement with children, social control (i.e., rule setting), and closure (i.e., overlap in social networks, for example the extent to which parents know and talk to the child's friends' parents). Wilcox reported that parents affiliated with orthodox or conservative denominations (e.g. Fundamentalist, Evangelical, or Black Protestants, Traditional Catholics, Orthodox Jews) were substantially more likely to be in the top third of the sample on involvement with their children, relative to parents who reported no religious affiliation. With regard to social control, Fundamentalist and Evangelical Protestants were more likely to set a lot of rules for their children, and Reform Jews were much less likely to do so, relative to non-affiliated parents. For the closure measure, the most striking finding was an extremely high level of closure among Orthodox Jews, relative to irreligious parents.

Mahoney and colleagues (in press) reported that few studies have been published linking religiosity and parental warmth and positivity, but that the few existing studies were consistent in reporting positive relations between these constructs. Gunnoe, Hetherington and Reiss (1999) found that mothers' and fathers' self-reported religiousness was positively associated with authoritative parenting behavior during problem-solving task interactions with adolescents. Authoritative parenting is characterized by parents' willingness to listen to their children's

views, by high levels of warmth and affection and lack of coercive behaviors, by demands for appropriately mature child behavior, and by a willingness to exert control over the child when necessary in the context of clearly-communicated, well-defined rules and regulations for child behavior. Brody and colleagues (Brody, Stoneman, Flor, and McCray, 1994; Brody, Stoneman, & Flor, 1996) conducted studies of family interactions in married, rural African-American families. In their work, greater maternal religiousness was associated with lower levels of negative parenting behaviors, including nattering and inconsistent parenting. Further, both maternal and paternal religiousness were associated with greater co-parenting skills, including lower interparental conflict. More positive co-parenting may, in turn, positively affect child development due to decreased tension in the home and greater consistency in making and enforcing rules.

Indirect Effects of Religiosity on Parenting

In addition to the direct effects of religiosity on parenting, parents' religiosity may have indirect effects on parenting, by impacting marital relationships and parents' mental health in ways that promote or undermine positive parenting, and consequently child well-being.

Religion and marital relationships. In a meta-analysis, Mahoney and colleagues (in press) found support for several links between religion and divorce. First, individuals who reported membership in a religious denomination were less likely to divorce than were unaffiliated individuals, although this link tended to disappear in studies that controlled for other demographic factors associated with divorce. Second, church attendance was linked to lower divorce rates (see also Bumpass, 2001; Miller, Warner, Wickramaratne, & Weissman, 1997). This was a stronger link than that between denomination and divorce, persisting even after controlling for relevant demographic factors. Further, this link was found in longitudinal studies

as well as cross-sectional studies. Mahoney and colleagues put the strength of the effect of religion on divorce in concrete terms, estimating that approximately 44% of frequent church-goers have a history of divorce, compared with approximately 60% of infrequent church-goers. Third, couples who had similar religious values and who had similar patterns of church attendance were found to be less likely to divorce than were less homogeneous couples.

Mahoney and colleagues (in press) also conducted meta-analyses of studies addressing links between religion and marital satisfaction. Overall, these researchers found that the hypothesis that religiosity was positively associated with marital satisfaction received strong support. Bumpass (2001) similarly reported that married couples who hold conservative or fundamentalist religious values and who attend church regularly were more likely to report being satisfied with their marriages than were those holding less traditional values and who attended church less frequently. Mahoney and colleagues further found that studies of the relations between personal relevance of religion and marital satisfaction indicated stronger associations than studies looking at denominational affiliation or attendance, but also that associations were stronger in studies of church-goers than in general population studies (suggesting that religiosity may be irrelevant to marital satisfaction for some adults).

Some studies have also found links between religiosity and domestic conflict and violence. With respect to verbal conflict, Mahoney and colleagues (in press) report that, across studies, the overall effect size is zero—no significant association. With respect to physical aggression, Mahoney and colleagues found no support for a positive link between religious involvement and increased domestic violence, and further reported that two studies (Ellison Bartkowski, & Anderson, 1999; Fergusson, Horwood, Kershaw, & Shannon, 1986) have indicated that both men and women who reported higher levels of church attendance report less

violence than did people who attended less frequently. The findings of Ellison and colleagues, however, also indicated a qualification to this general finding. These researchers found that men who endorsed conservative religious beliefs and who were married to more theologically liberal women were much more likely to exhibit physical aggression toward their spouses than were other men in their study.

Religion and mental health. Parents' religious beliefs and practices may affect their own mental health and consequently their ability to deal with stresses associated with parenting. Religion provides mechanisms for coping with adversity, and may serve as a source of self-esteem and feelings of self-efficacy. Spilka, Shaver, and Kirkpatrick (1985) noted that religions provide believers with attributions with which to understand seemingly inexplicable events (see also Oser, 1991). Such religious attributions create meaning and may preserve or enhance self-esteem by allowing the individual to perceive God's love and acceptance even under trying circumstances.

There is considerable evidence in support of positive associations between a variety of measures of religiosity and emotional well-being in adulthood (e.g. Ellison, 1991; Ellison, 1993; Miller et al., 1997; Ross, 1990; Sherkat & Ellison, 1999), although some studies have suggested that these findings may be stronger among African Americans than among European Americans (e.g., Blaine & Crocker, 1995). For example, Miller and colleagues analyzed data from a 10-year study of offspring at high and low risk for depression. These researchers found that mothers who reported that religion was highly important to them were 81% less likely to have a concurrent clinical diagnosis of major depression than were less religious mothers. Interestingly, a similar odds ratio was obtained indicating that Catholic mothers were less likely to experience clinical depression than were Protestant mothers.

Religiosity and Parental Modeling

Parents who differ in their religious beliefs and involvement may model different kinds of behaviors, beliefs, and values for their children. Religion has been found to be positively associated with volunteering in adults (Sherkat & Ellison, 1999). Thus, religious parents may be more likely to act as models of highly prosocial behavior than are less religiously active parents.

Finally, parent's own religiosity may influence children's developing religiosity and spirituality, which may in turn affect other aspects of well-being. Parents both model and directly teach religious behavior and beliefs, thus passing these beliefs on to their children, and they may actively manage their children's lives so as to expose them to a social network with shared religious beliefs and values (Cornwall, 1989; Sherkat & Ellison, 1999). A number of studies have reported significant concordance between parents' and children's religious beliefs and denominational affiliation (e.g. Benson et al., 1989; Francis & Gibson, 1993; King, et al., 1997; Miller, et al., 1997; Okagaki & Bevis, 1999). Okagaki and Bevis found that female college students' religious beliefs were consistent with their parents' religious beliefs. This was particularly the case when parents talked frequently about their beliefs and mothers' and fathers' beliefs were in agreement (both of which increased accuracy of daughters' perceptions of parental beliefs), and when daughters also reported having warm relationships with their parents.

King and colleagues (1997) examined parental influences on stability and change in adolescents' religiosity from seventh to tenth grade, using data from 365 families participating in the Iowa Youth and Families Project, a longitudinal study of White adolescents and their families living in rural Iowa. Although far from a representative sample, the level of detailed information on family functioning obtained in this study over a relatively long period of time makes it an invaluable data source. These researchers conducted a series of multivariate logistic

regression analyses, controlling for sex, whether the family lived on a farm, and father's education. Results of these analyses indicated that, compared to nonreligious adolescents, adolescents who were highly religious in seventh and tenth grades, or who became more religious over time, indicated strong identification with parents who were also highly religious and whose religiousness tended to increase over the same time period. Compared to consistently nonreligious adolescents, adolescents whose religiousness increased over time also tended to show increased identification with their parents. In contrast, adolescents who became less religious over time, compared to adolescents who were consistently religious, tended to have parents who reported relatively low levels of religiousness themselves.

Consistent with the more recent work of Okagaki and Bevis (1999) and King and colleagues (1997), a summary of earlier literature on parental influences on adolescent religiosity (Benson et al., 1989) indicated that religious activity in the home, in conjunction with loving and supportive relationships with parents who provided clear messages regarding religious beliefs and practices, promoted high levels of religiousness on the part of adolescents (see also Sherkat & Ellison, 1999). This body of literature is thus supportive of some components of Kirkpatrick's attachment theoretical approach to religious development (e.g. Kirkpatrick, 1997; Kirkpatrick & Shaver, 1990).

Measurement of Religiosity in Childhood and Adolescence

As noted earlier, most studies of religiosity in adolescence (and the very few studies of religiosity in childhood) use snapshot measures of religious practice and beliefs. Further, no measures of religiosity unique to children were found in our review. In the rare studies that do include preadolescent children, measures tend to be adaptations of the same measures used with older adolescents and adults. Gorsuch (1984) noted that, in the literature on religiosity and well-

being, there is an almost exclusive reliance on questionnaire measures. Additionally, the items used to tap religiosity are highly variable across studies. Although Gorsuch's report was published nearly two decades ago, the situation remains essentially the same.

Among the most frequently assessed aspects of religiosity are attendance at religious services, denominational affiliation, and the importance or salience of religion. Most frequently, these measures are obtained using one or a few items. In their review of social science studies of religion and family functioning, Mahoney and colleagues (in press) reported that 80% of studies involving marital relations and 66% of studies involving parenting relied on single item indicators of religiousness. Although Gorsuch (1984) suggested that the use of single-item measures is justified due to high reliabilities of longer questionnaires, single-item measures have been criticized on a number of grounds, particularly for a tendency to make religion appear to be an "all or none" construct. Most frequently, these measures are dichotomous or are responded to on 4- or 5-point ordinal scales.

Even when single item measures are not dichotomous, response patterns frequently result in extreme limitations on the ability to distinguish between individuals of varying levels of religiosity. For example, few American adults self-report having no religious affiliation and most respondents in studies examining religion and family functioning self-report moderate levels of religiousness (see Mahoney et al., in press). Thus a 4- or 5-point scale effectively becomes a 2- or 3-point scale, with researchers frequently reducing variability further by dichotomizing responses to reflect a "high" versus "low" distinction. Similarly, most studies examining denominational differences include only a few distinctions between religious denominations due to low representations of non-mainstream religions. Most U.S. studies

cannot include members of non-Christian religions at all, due in part to low representation but also due to inapplicability of some measures to non-Christians.

In some cases, researchers do include questionnaire measures tapping multiple aspects of religious practice and belief. A frequently-used theoretical and empirical distinction is between intrinsic and extrinsic religiousness, as described by Allport and Ross (1967) and as assessed via measures such as Allport and Ross's Religious Orientation Scale (ROS), Gorsuch and Venable's (1983) "Age Universal" revision of the ROS (as well as further abbreviations and even a single-item version suggested by Gorsuch and McPherson, 1989). Intrinsic religious orientation involves religious commitment, including the extent to which religion is important to an individual and the extent to which orthodox religious doctrine is accepted unquestioningly. Extrinsic religiousness involves a utilitarian religious orientation—being involved in religious groups and activities for reasons that have little to do with religious faith. Although Allport and Ross indicated a single extrinsic scale, factor analytic studies have generally indicated that there are at least two factors (Gorsuch & McPherson, 1989; Kirkpatrick, 1989; Kirkpatrick & Hood, 1990). One of these factors, extrinsic-social religious orientation, includes items involving the use of religion as a means toward social gain (e.g., establishing business contacts, achieving social status). The second factor, extrinsic-personal, involves the use of religion to gain comfort and security (e.g., friendships, sense of belonging). This set of three scales has been used in a number of studies with adolescents as well as adults.

Another questionnaire measure was developed by Kauffman (1979) and modified by Strayhorn, Weidman, and Larson (1990). Strayhorn and colleagues included twelve items tapping self-perceptions of religiousness and having a personal relationship with God, frequency of private religious activities (e.g., prayer, Bible study), and involvement with church (e.g.,

frequency of attendance, donations, leadership responsibilities). These researchers reported a factor analysis indicating that the twelve items loaded onto two factors that could roughly be described as a "private religion" factor and a "public religion" factor. The private religion factor included seven items tapping perceptions of a personal relationship with God, of experiencing approval and disapproval from God, experiencing a religious goal or purpose in life, and of relying on God for strength and help. The public religion factor included five items tapping general religiousness, Bible study, and church attendance, donations, and leadership.

Something of a compromise between single-item and full-scale questionnaire assessments of religiosity was achieved for the first wave of data collection of the National Longitudinal Survey of Youth 1997 (NLSY97), a longitudinal study of a nationally-representative sample of over 9,000 adolescents ages 12 to 16 when initially surveyed. Six items dichotomous items tapping parents' religiosity were included in the parent survey. One of the six NLSY97 items tapped the frequency with which parents attended church over the previous 12 months (less than once a month vs. once a month or more). Other items involved statements about religion. Parents were asked to indicate whether each statement was true or not true for them. One item directly tapped religious fundamentalism—the extent to which the parent thought that the Bible, Koran, Torah, or religious teachings should be obeyed exactly as written. Another item tapped a belief that religion was necessary for good character or moral values. The remaining three items appear to tap a personal relationship with, and reliance on God—seeking God's help in making decisions, frequent prayer, and a belief in God's direct influence on the parent's own life experiences. According to an unpublished report by researchers at Child Trends (2001), the six parent religiosity items can be combined to create a single religiosity measure with acceptable psychometric properties (i.e., with moderate internal consistency and

evidence of both construct and predictive validity). To date, however, no reports have been published using this scale or any of the individual religiosity items from the NLSY97.

Although scales can tap more refined aspects of religion than can single-item measures they have continued to be criticized for failing to adequately distinguish different aspects of religion and spirituality that may have differential effects on physical and mental health (George et al., 2000). Even more problematic is the fact that although multiple scales can be constructed, it is frequently the case that only a single scale composite is actually used in research. Strayhorn and colleagues (1990), for example, used a single 12-item composite of religiousness to investigate associations between parental religiousness and parent and child mental health variables (described below), despite their factor analytic results indicating two distinct religiousness factors.

In summary, there is much room for improvement in the measurement of religiosity. The research literature would benefit from greater standardization of terminology and measures, and greater attention needs to be paid to the inclusion of minority religions, particularly non-Christian religions, in investigations of the effects of religiosity on well-being. Despite these limitations, however, researchers have found meaningful differences in aspects of well-being between individuals responding differently to measures of religiosity.

Review of Empirical Evidence Regarding Religiosity and Well-Being in

Childhood and Adolescence

The vast majority of studies on religion and well-being have been cross-sectional studies with adolescents. In reviewing the literature for this report, no studies were found examining prospective associations between child or adolescent religiosity and subsequent indicators of well-being. The areas of well-being examined in cross-sectional studies include general

delinquency, drug and alcohol use and abuse, adolescent sexual activity, prosocial and moral values and behavior, and personality and mental health.

Delinquency and Risk-Taking Behavior

One of the largest areas of research examining associations between religiosity and adolescent well-being involves associations between religion and delinquency. An early study (Hirschi & Stark, 1969) reported finding no significant effect of religion on delinquency. Since that time, however, researchers have disputed these findings and have generally found that high levels of religiosity are associated with low levels of delinquency, although associations are typically low to moderate in strength.

Elifson, Petersen, and Hadaway (1983) examined associations between delinquency and religiosity in a random sample of 600 white adolescents attending high school in one large suburban district. Elifson and colleagues found that multiple indicators of adolescent religiosity, particularly religious salience (i.e., importance of religion in daily life), belief that God answers prayers, and religious orthodoxy, were negatively associated with delinquency measures, including a general delinquency composite and measures of alcohol and marijuana use. However, they further found, using multiple regression procedures, that the association between religious salience (the strongest individual predictor among religiosity variables) and general delinquency measure was nonsignificant when controlling for other factors such as the number of friends who smoke marijuana, closeness to mother, and high school grade point average.

Donohue and Benson (1995) reported results from a sample of 34,129 adolescents drawn from a larger sample of 250,000 public school students surveyed between 1989 and 1994 as part of the RespecTeen program, sponsored by Lutheran Brotherhood and administered by Search Institute. Low to moderate significant correlations were found between scores on a six-item

composite tapping perpetration of interpersonal violence and three religiosity measures; attendance at religious services, participation in religious activities, and importance of religion.

Some researchers have suggested that relatively weak associations may be due to the fact that there are numerous social and moral forces apart from religious influences that proscribe antisocial activities such as theft and crimes against persons. From this perspective, the expectation is that antiascetic (i.e., religiously proscribed) activities, such as drinking, drug use, and sexual behavior, are likely to be more strongly negatively associated with religiosity than are other acts, such as interpersonal violence, vandalism, and theft (Evans, et al., 1996; McBride, et al., 1996).

Evans and colleagues conducted a study to test this hypothesis by administering a survey to a sample of students attending one public high school. These researchers used two delinquency measures. The first was a general crime scale including 57 items. The second was an antiascetic subscale of the general crime scale, composed of 13 items focusing on smoking, drinking, gambling, sex, and profanity. Religiosity was assessed with a composite measure tapping three different aspects of religiosity: 1) religious activity, involving attendance at religious services and social activities; 2) religious salience, concerning the extent to which the adolescent felt that religious beliefs impacted his or her daily behavior; and 3) hellfire, involving beliefs in and fear of Hell and God's punishment for wrongdoing. An additional measure of adolescents' religious networks was a single item asking how many of the adolescent's five best friends attended church regularly. Finally, measures of secular social bonds to parents, teachers, friends, school, and society (in the form of conformity and conventional beliefs) were included in multiple regression models, with the expectation that inclusion of these measures of social attachments would diminish associations between religiosity and general delinquency, more so

than associations between religiosity and antiascetic delinquency. When social attachment

measures were included within models predicting delinquency, results indicated that only peer

religiosity was significantly associated with delinquency, and associations were significant only

for antiascetic delinquency. In other words, religiosity was a relatively weak correlate of

delinquency, compared to social attachments, and only for those forms typically proscribed by

religious doctrine.

Drug use. In contrast to studies involving general delinquency, and consistent with the

work of Evans and colleagues (1996) cited above, the research evidence is quite consistent in

finding negative associations between measures of religiosity and drug and alcohol use in

adolescence (e.g., Benson et al., 1989; Booth & Martin, 1998; Brownfield & Sorenson, 1991;

Donahue & Benson, 1995; Jang & Johnson, 2001). Donahue and Benson included both a review

of the literature on religion and adolescent well-being, and new analyses examining relations

between religiosity and a variety of indicators of prosocial and risk-taking behaviors, including

drug use. The new analyses utilized data from surveys conducted with more than 29,000

adolescents across the United States (for study details, see Benson, 1993). These researchers

found low to moderate, significant correlations between religiosity questions regarding alcohol

consumption and binge drinking, marijuana use, and cigarette smoking. Of the three religiosity

measures used by Donahue and Benson, attendance at religious services was the most strongly

associated with substance use, indicating that adolescents who attended religious services more

frequently were less likely to drink, smoke, and use marijuana than were less religiously

involved adolescents. Donahue and Benson further assessed the unique impact of religiousness

(a composite of the frequency of attendance measure and measures of hours per week spent at

church programs or services and the importance of religion in the adolescent's life) on adolescent

well-being. Controlling for educational ability, educational aspirations, gender, grade, and whether the adolescent lived in a single parent family, religiousness continued to have modest but significant negative associations with recent alcohol use, binge drinking, marijuana use, and smoking.

Brownfield and Sorenson (1991) examined relations between religion and drug use in a sample of white high school-age males, including a large percentage of adolescents who had police or court records (two-thirds of their sample). These researchers proposed that religious institutions reduce the potential for drug abuse primarily by acting as sources of social support, in conjunction with families. Measures of religion included religious affiliation (versus no affiliation), church attendance, and religiosity (i.e., how religious the adolescent feels he is).

All of the religiosity measures used by Brownfield and Sorenson (1991) were significantly and negatively associated with drug use. Relations with church attendance were particularly strong. Only 6.4% of the adolescents who reported attending church at least once a week reported the highest level of drug use (use of alcohol, marijuana, barbiturates or methedrine, psychedelics, and cocaine), while 22.5% of those who never attended church services reported this level of use. Almost twice as many of the adolescents who reported being "not religious at all" used all five drug types than did adolescents who reported being "very religious" or "somewhat religious" (19.6% versus 10.1%).

Brownfield and Sorenson also created a social support composite including the three religion measures and a measure of communication with father. This social support composite was found to be significantly associated with drug use, even when controlling for the effect of peer attachment (sharing thoughts and feelings with best friend), and the much stronger effect of peer delinquency (whether the respondent's best friend had ever been picked up by the police) on

drug use. Although support for the specific social support hypothesis is less than compelling in this report given the minimal difference between religion measures and the social support composite, evidence for effects of religiosity is strong.

In a recent study, Jang and Johnson (2001) examined the effects of religiosity and neighborhood disorder on illicit drug use in a sample of over 1,000 adolescents, drawn from participants in the National Youth Survey (NYS). The NYS is a longitudinal investigation of a nationally-representative sample of adolescents ages 11 to 17 at the first wave of data collection in 1977. Data used in this study were taken from waves three through five, when questions regarding religiosity were included in the survey. These researchers examined several hypotheses regarding the impact of individual religiosity on adolescents' self-reported use of marijuana and of "hard drugs." They hypothesized that the effects of neighborhood disorder on drug use would be partially explained by the effects of neighborhood disorder on individual religiosity (i.e., that religiosity would mediate the effects of neighborhood disorder on drug use). They further hypothesized that effects of religiosity on drug use would be stronger in more disordered neighborhoods (i.e., that the level of neighborhood would moderate the effects of religiosity on drug use). Additional hypotheses examined in this study were that the effect of religiosity in reducing the risk of illicit drug use would not be entirely accounted for by social bonding (i.e., attachment to and involvement with family, and with school) or modeling (i.e., association with drug-using peers and pro-drug attitudes), and that the effect of religiosity on drug use should strengthen across adolescence.

In a series of sophisticated analyses controlling for sex, race, class, living in an intact family, and family size, Jang and Johnson (2001) found support for each of their hypotheses. Religiosity, assessed as a composite of two items reflecting attendance at religious services and

the personal importance of religion, was negatively associated with both marijuana and hard drug use. Further, inclusion of religiosity in models predicting drug use substantially lowered the association between neighborhood disorder and drug use, while the effects of religiosity on drug use were found to be greater for adolescents living in more disorganized neighborhoods. A slight age effect was found indicating a general trend for religiosity to have a greater impact on drug use in later adolescence, although this effect was quite small. Finally, when social bonding and modeling variables were included in analyses, the effect of religiosity on drug use decreased in size, but remained significant. This is particularly impressive given that association with drug using peers, and having pro-drug attitudes were particularly strong predictors of drug use.

Sexual behavior. In their reviews, Benson and colleagues (1989), Donahue and Benson (1995), and Sherkat and Ellison (1999) report that the literature on relations between adolescent sexual behavior and religiosity indicates that religiosity has a strong negative association with the likelihood of being sexually active (see also reports on trends in adolescent sexual behavior and reproductive health by Manlove, Terry-Humen, Papillo, Franzetta, Williams, & Ryan, 2001, and Moore, Miller, Glei, & Morrison, 1995). Researchers have found associations between high levels of religiosity (including church attendance, valuing religion, and religious beliefs) and more conservative sexual attitudes and lower levels of sexual experience (e.g. Afxentiou & Hawley, 1997; Bearman & Brückner, 2001; Cooksey, Rindfuss, and Guilkey, 1996; Donahue & Benson, 1995; Durant, Pendergrast, & Seymore, 1990; Thornton & Camburn, 1989). Findings regarding contraception and disease-prevention have been less consistent (see Moore et al., 1995). Finally, Benson and colleagues reported that some studies suggest that the constraining effect of religiosity on sexual behavior may not be evident among African-American

adolescents. Further, this research has been conducted predominantly with female adolescents, and less is known about associations between religiosity and adolescent male sexual behavior.

In one study to include both males and females, Donahue and Benson reported low to moderate negative associations between measures of adolescent religiousness, particularly attendance at religious services, and having ever had sexual intercourse. Donahue and Benson further found a significant association between their composite religiousness measure and adolescents' reports of having ever had sexual intercourse, controlling for a series of relevant demographic characteristics (see above, p. 31). Curiously, despite the large sample size these researchers did not include controls for race or ethnicity, and no analyses were conducted examining whether the constraining effects of religiousness applied similarly across genders or across racial or ethnic groups.

Cooksey and colleagues (1996) used data from two cycles of the National Survey of Family Growth (NSFG), conducted in the early and late 1980s, to assess the association between denominational affiliation on female adolescents' initiation of sexual behavior and contraceptive use. Each cycle included retrospective questions spanning the previous 48 months, asking respondents to indicate timing of first intercourse and contraceptive method use at first intercourse. Data from females between the ages of 10 and 19 at the start of each cycle (48 months prior to the survey) were included in analyses. Cooksey and colleagues found that both Catholic and Protestant Fundamentalists were more likely to be virgins at the start of the time period under study than were teens categorized as "Others" (other religious denominations or no religious denomination). The likelihood of retaining virginity across the 4-year time span was higher for Protestant Fundamentalists than for Others as well. There was also a smaller but still significant positive effect for white adolescents of being Catholic on likelihood of remaining a

virgin, but not for blacks. Interestingly, Cooksey and colleagues found that the increased likelihood of remaining a virgin associated with being Protestant Fundamentalist was greater for white adolescents interviewed during the later cycle (in 1988) than for those interviewed during the earlier cycle. No similar trend was found for black adolescents. These researchers suggesting that the increased emphasis on promoting abstinence that developed within Fundamentalist Protestant churches during the 1980s did have its intended effect.

Cooksey and colleagues (1996) further found that use of contraceptives at first intercourse was lower among Catholic and Fundamentalist Protest adolescents than among Others. The negative association between religion and likelihood of contraceptive use was particularly strong for white Catholics and for black Protestant Fundamentalists. These findings were consistent with earlier reports of a negative association between religiosity and contraceptive use at first intercourse (e.g. Kahn, Rindfuss, & Guilkey, 1990). The results of these studies thus present a somewhat mixed picture—adolescent girls are likely to delay onset of sexual behavior longer if they are affiliated with a religion that strongly discourages premarital sex. On the other hand, if sex *does* occur, risk of pregnancy and exposure to sexually transmitted diseases may be higher due to lack of preventative efforts.

In a recent study, Bearman and Brückner (2001) used data from the Adolescent Health Interview Study (Add Health) to examine associations between religiosity, Add health is a large nationally representative survey of male and female adolescents in grades 7 through 12. Using data from approximately 5,600 nonblack (white, Asian, and Hispanic) adolescents, these researchers found that religiosity (a composite including measures of frequency of praying, church attendance, and personal importance of religion) and having taken a virginity pledge both uniquely contributed to reducing the risk of initiation of sexual intercourse, even after controlling

for numerous demographic characteristics, including sex, ethnicity, family structure, and SES, as well as measures of connectedness to parents, peers, and romantic partners. In contrast, separate analyses conducted with nearly 1,000 black adolescents did not indicate significant associations between either religiosity or virginity pledges and transition to first intercourse. No significant differences in religiosity and pledge effects for males and females were found for either blacks or nonblacks.

Two recent studies with Latina adolescents run counter to these findings of influences of religiosity on early sexual behavior. Villarruel (1998) examined the relationships of a variety of cultural influences, including religion, with sexual attitudes, beliefs, and norms in a small sample of 10 to 15 year-old Latina adolescents living in urban Latino communities. Using focus groups and qualitative analyses, Villarruel found that religion was not self-reported to be an important influence on their decisions about sexual behavior. Rather, the importance of virginity was tied more strongly to issues of self-respect. These findings are likely to be influenced by the rather homogeneous nature of the sample of Puerto Rican and Mexican-American girls. Further the comparability of this study to others is limited by the different methodology employed.

Using more traditional quantitative methods, Durant and colleagues (1990) found that more religious Hispanic female adolescents had lower levels of sexual experience and more conservative sexual attitudes than did less religious adolescents. Baumeister, Flores, and Marin (1995), however, found that the importance of religion and religious denomination (i.e., being Catholic) were not significant unique predictors of not being pregnant in their sample of Latina adolescents, controlling for the influences of other predictors, notably information provided by mothers about sexuality, being from an intact family, and having a positive attitude toward school. Thus, similar to findings summarized by Benson and colleagues (1989) for black

adolescents, results of studies associating measures of religiosity and sexual attitudes and behavior among Latina and Hispanic adolescent females appear to be more mixed than are results of studies with white adolescents.

Although the bulk of the literature has focused on female adolescents, a few studies have been conducted examining effects of religiosity on male adolescents' sexual behavior and attitudes. In one such study, Halpern, Udry, Campbell, Suchindran, and Mason (1994) found effects consistent with those reported in other studies for girls. Specifically, high levels of religious attendance was associated with a delay in the onset of sexual activity and more conservative sexual attitudes and behavior in a longitudinal sample of 13- to 16-year-olds. These researchers also found an interesting additive effect of religious attendance and free testosterone levels (as measured through blood plasma assays): Boys with high levels of testosterone who attended church infrequently demonstrated the most permissive sexual attitudes and behaviors, while boys with low levels of testosterone and more frequent church attendance were the most sexually conservative.

Prosocial and Moral Values and Behavior

There is some research examining associations between religiousness and prosocial attitudes and behavior, and research findings are consistent in supporting a positive association between these constructs (Benson et al., 1989; Donahue & Benson, 1995). In one rare study with preadolescent children, Kedem and Cohen (1987) examined the impact of religious education on moral judgment in a sample of Israeli Jewish second and sixth grade students attending two public schools—one religious, one secular. Religious topics are taught in both types of programs, but the number of hours are much greater in religious schools, and educational methods differ as well. Kedem and Cohen state that "The aim of the Jewish studies in the

religious school is internalization of the commandments (the ritual and ethical rules), while the aim…in the secular school is knowledge of the ethnic roots and identification with the past of the nation" (p. 9). Thus, attendance at a secular versus a religious school is essentially a parent-selected variation in participation in religious activities. These researchers presented children with a series of vignettes in which children face moral choices involving, for example, stealing, cheating, and aggression. Children were then asked to choose a behavioral response to the dilemma, and to explain why that behavior was selected. Based on their responses, children were given a "moral behavior" score and a "moral judgment" score. These researches found that sixth grade children in the religious school had significantly higher (more mature) moral judgment and moral behavior scores than the sixth graders attending secular school. No difference was found for the younger children.

Donahue and Benson (1995) included two sets of questions in their survey involving prosocial behavior. One set, combined to form an altruistic values scale, included questions about the importance of helping others, reducing hunger and poverty, and making the world a better place. Three other items tapped altruistic behavior, including participation in charitable activities, donating money or time to charity, and spending time helping others. Donahue and Benson found low to moderate significant correlations between religiousness measures and altruistic values, and somewhat stronger associations between religiousness measures and altruistic behavior. These associations remained relatively strong even after controlling for demographic characteristics. The higher correlations between religiousness and altruistic behavior than between religiousness and altruistic values may be due in part to the frequent inclusion of service activities within religious education and youth fellowship programs.

King and Furrow (2001) used a questionnaire format to examine associations between religious attendance, social capital, and moral outcomes in a large, ethnically-diverse sample of high school students. Social capital variables included social interaction, trust, and shared vision, each assessed within three relationship domains: parents, friends, and an important non-familial adult. Moral outcomes included self-reported altruism, empathy, and voluntary service activities. Regular church attendees were found to be higher than non-attendees on all social capital measures except having a trusting relationship with parents. Students who reported sometimes attending religious services had social capital levels that were between those of regular attendees and non-attendees and were significantly lower than regular attendees on six measures involving social interaction and shared vision with parents, friends, and a non-familial adult. King and Furrow also reported that religious attendance was significantly associated with altruism and empathy, but not with volunteer activities, controlling for demographic differences (e.g., age, gender, ethnicity, parental education) and self-reported participation in extracurricular school activities. However, social capital resources were found to explain more variance in altruism and empathy than did religiousness. This suggests that religious participation may promote moral outcomes indirectly, by promoting higher levels of social capital.

Personality and Mental Health

Other researchers have focused on associations between religiosity and measures of personality and mental health, including self-esteem, depression and suicide. Associations with self-esteem in adolescence are generally low and frequently nonsignificant (e.g., Bahr & Martin, 1983; Benson et al., 1989; Donahue & Benson, 1995). Although Donahue and Benson did find significant simple and unique associations between religiousness and self-esteem, these effects were quite small and were significant primarily due to the very large sample size used in their

analyses. Bahr and Martin used questionnaire data from approximately 450 high school students to examine associations between measures of church attendance and evangelicalism and self-esteem and faith in people (i.e., belief that people are basically helpful and trustworthy, versus self-centered and untrustworthy). Their results indicated that church attendance had a low but significant association with faith in people, but not with self-esteem. Evangelicalism was not significantly associated with either outcome variable, although a low but significant negative association was found with faith in people once high school grades, parental socioeconomic status, and church attendance were controlled.

Markstrom (1999) investigated associations between measures of religious involvement, including frequency of attendance at religious services (once a month or more versus attendance on important religious holidays or less often), participation in a Bible study group (yes versus no), and participation in a church youth group (yes versus no), and positive psychosocial development in a sample rural, low-income African-American (n=62) and European-American (n=63) 11th grade students. The psychosocial outcome measures examined by Markstrom included ethnic identity, general and school-related self-esteem, and ego strength and ego identity status formation, as described by Erikson (e.g., 1968, 1980). Eight ego strengths identified by Erikson were assessed using modified Likert-type scales: hope, will, purpose, competence, fidelity, love, care, and wisdom. Additionally, a total ego strength score combining all eight scales was included. The ego identity status measure was a continuous measure of identity achievement within the ideological domains of religion, politics, occupation, and philosophical life-styles. Identity achievement is characterized by personal exploration within a domain, and subsequent commitment to a set of beliefs, values, or goals. Results indicated that there were significant main effects of all three measures of religious involvement on school-

related self-esteem, with more religiously involved adolescents demonstrating higher self-esteem than less involved youth. In addition, there was a significant main effect of church attendance on the ego strength of will (i.e., awareness of free will and the ability to exert self-control).

Markstrom (1999) also reported a number of interactions between religious involvement and ethnicity, and between involvement and gender. However, these results were not consistent and the numbers of students in some cells were so small as to make these results somewhat suspect. In particular, the vast majority (89%) of African-American adolescents were in the "more frequent attendance" group, leaving only 7 (11%) in the "less frequent attendance" group. In contrast, European-American adolescents were almost equally represented in the two religious attendance groups (51% more frequent and 49% less frequent attendees). With respect to the most robust finding of associations between school-related self-esteem and religious involvement, Markstrom suggested that the relationship may not be causal, but rather that individual differences in characteristics such as conformity and achievement motivation may underlie both success in academic settings and participation in religious activities.

Wright, Frost, and Wisecarver (1993) conducted a questionnaire study investigating links between church attendance, meaningfulness of religion, and depressive symptoms in a sample of white, Hispanic, and African-American high school students. Students were asked about their frequency of church attendance as well as religious salience—the meaningfulness of religious beliefs for their everyday lives. Analyses were conducted separately for males and females because females were found to both attend church more often and to have higher depression scores than males. Despite these mean level differences, results for males and females were consistent: Adolescents who attended church more frequently, and those who viewed their

religion as providing meaning to their lives, had lower depression scores than did less religious adolescents.

There is little research that addresses associations between suicide and religiosity in adolescence. In their study described earlier, Donohue and Benson (1995) reported that associations between religiosity measures and questions pertaining to suicide attempts and ideation ranged from -.05 to -.11. Associations between religiousness and suicidal ideation and suicide attempts persisted after controlling for demographic characteristics. Although statistically significant due to the very large sample size, however, these correlations suggest that the positive impact of religiosity in preventing suicidal thoughts and attempts is quite modest.

Brega and Coleman (1999) investigated associations between two measures of religiosity and subjective stigmatization in a sample of 50 African American high school sophomores and juniors. Subjective stigmatization involves the extent to which an individual adopts negative stereotypes and attitudes about his or her own stigmatized group. In this case, subjective stigmatization refers to the adolescents' acceptance of negative racial stereotypes as being true. Subjective stigmatization has been found to be associated with low self-worth. The measures of religiosity used in this study were somewhat different from typical measures. Church attachment was rated on a negative-to-positive scale, based on open-ended interview responses to the question "What do you think about the black church?" Church attendance was coded from responses to the question "Would you go to church if it were left completely up to you?" and was scored on a six-point scale ranging from 1) already not attending church, to 6) already attend church by own choice. Thus, this measure of attendance also has a strong element of importance in it as well. Brega and Coleman found that their measure of church attendance was the strongest predictor of subjective stigmatization included within their model. Church attendees

were significantly less stigmatized than were non-attendees, even when controlling for several measures of racial socialization. Church attachment, in contrast, was not uniquely associated with subjective stigmatization.

Other Aspects of Adolescent Well-Being

A few studies have examined associations between adolescent religiosity and educational aspirations. Dai (1996) examined data from 13,530 high school seniors who participated in the 1989 Monitoring the Future survey. Using analyses of variance to compare students who self-reported different levels of attendance at religious services (very involved, involved, rarely involved, or not involved), Dai found that more religiously involved students were less likely to aspire to vocational school attendance and more likely to aspire to attend four-year colleges and graduate school than were less involved students. The conceptual rationale for expecting this association was not clearly laid out in this study, but it is likely that religious involvement and educational aspirations may be associated because of underlying common causes, rather than having a direct causal link.

Summary

The empirical literature generally supports weak to moderate positive associations between religiosity and other elements of well-being in childhood and adolescence. The evidence appears to be particularly good for links with drug use and possibly with early sexual activity, although the evidence is better for white female adolescents than for males or for females of other ethnicities. The least compelling evidence may be for associations between religiosity and self-esteem and other aspects of mental health. While positive associations tend to be fairly weak, however, there is clearly no indication of negative effects of religiosity on any aspect of well-being. A number of studies have suggested that effects of religiosity on well-

being may be largely indirect, mediated by effects of religiosity—particularly religious attendance—on social capital and social support. The extent to which effects of religiosity on well-being are indirect versus direct, possible age-related differences in the extent to which direct versus indirect effects are found, and gender and ethnic group differences are research topics that should be more systematically pursued in future studies.

Review of Empirical Evidence Regarding Parental Religiosity and Well-Being in

Childhood and Adolescence

There are a substantial number of studies linking parents' religiosity with parenting behavior. Several of these studies were described earlier and were summarized in a recent report by Mahoney and colleagues (in press). Far fewer studies have examined linkages between parents' religiosity and child and adolescent outcomes. In one study to do so, Strayhorn et al. (1990) examined associations between parents' religiousness and a number of parent and child mental health variables. The sample used in this study included 201 preschool-age children participating in Head Start programs. These children were from low-income families and were predominantly African-American. Parents (predominantly mothers) completed self-report and child-report measures. Teachers also rated child classroom behavior, and parent-child interactions were videotaped and coded as an assessment of positive parenting behavior. Results indicated that parents' religiousness demonstrated low but significant correlations with parental hostility and with a measure of positive parenting behavior, but was uncorrelated with a composite measure of parent- and teacher-reported child problem behaviors or with child behavior as rated from the videotaped parent-child interactions.

A few studies with older children have found associations between parents' religiosity and child well-being. Some of these studies have specifically hypothesized indirect effects of

parents' religiosity on child well-being, through effects of religiosity on parenting. Brody and colleagues (1996) examined direct and indirect effects of parental religiosity on child competence in a sample of rural, two-parent African American families with children between the ages of 9 and 12. Child competence was assessed via measures of self-control, academic competence, externalizing behavior problems, and internalizing behavior problems. These researchers predicted that competence would be directly predicted by parental religiosity, and indirectly by the effects of parents' religiosity on family cohesion and interparental conflict. Parents' religiosity was a summary score created by multiplying a measure of frequency of church attendance with a measure of importance of religion. Family cohesion was assessed as levels of harmony (versus conflict) and engagement of family members during videotaped triadic interactions. Results of analyses conducted separately for mothers and fathers indicated that parent religiosity was positively correlated with family cohesiveness and interparental conflict, although associations were stronger for fathers than for mothers. Cohesion and conflict were both significantly associated with child self-control, which was in turn predictive of academic competence and both internalizing and externalizing behavior problems. These results provided support for the researchers' hypothesis that parental religiosity affects child outcomes indirectly, by influencing the quality of family relationships. In addition to these indirect effects, however, some direct associations were found as well: Parents' religiosity scores were directly and negatively associated with child externalizing behavior problems, and fathers' religiosity was associated with interparental conflict and with child internalizing behavior problems.

Gunnoe and colleagues (1999) similarly hypothesized that parental religiosity would affect adolescent social responsibility both directly and indirectly, through the effect that religiosity has on parenting. The study involved two-parent families (predominantly white) with

children between 10 and 18 years of age. Parental religiosity was assessed via a short questionnaire tapping the extent to which religion was part of and influenced family and personal life. Authoritarian and authoritative parenting behavior was coded from videotapes of 10-minute problem-solving sessions in which parent-adolescent pairs were asked to discuss topics that were sources of conflict in the household. Adolescent social responsibility (i.e., honesty, perseverance, empathy, trustworthiness, self-control, responsibility, and obedience to authorities) was assessed via parent- and self-report measures. Mother-report was used for analyses involving fathers' religiosity and authoritative parenting, while father-report was used for analyses involving mothers' religiosity and authoritative parenting. Results supported hypothesized associations between parents' religiosity, parenting, and adolescent social responsibility. Both maternal and paternal authoritative parenting were positively predicted by religiosity, and maternal authoritarian parenting was negatively associated with religiosity. More religious parents had adolescents who were reported to be more socially responsible, and this effect was partially mediated by effects of religiosity on the tendency to exhibit characteristically authoritative parenting behaviors.

Summary. As with the literature on adolescent's own religiosity and well-being, there is some empirical support for weak to moderate links between parents' religiosity and child well-being. These effects are partially mediated by the influences of parents' religiosity on parenting behavior. Again, hypotheses of negative effects of parent religiosity on child outcomes have generally not received empirical support. There is only a rather limited body of research that assesses both parents' religiosity and child outcomes, however, and substantially more work is needed.

Conclusions

Overall, research on the effects of religiosity on well-being in childhood and adolescence indicates small but consistent associations between religious upbringing and positive social and emotional functioning, although some research has suggested that findings may be stronger for white adolescents than for African-American, Latino or Hispanic adolescents, particularly in the area of sexual behavior. Although gender differences have frequently been found in mean levels of religious participation and salience (with females typically being higher on both types of measures), consistent gender differences in the effects of religiosity on well-being have not been reported. Unfortunately, many studies (particularly those involving delinquency and risk taking behavior) have not included both males and females in order to allow comparisons.

Although very little research has been conducted with young children, there is some indication that religiosity effects may be stronger for preadolescents and adolescents than for younger children. This would not be surprising, given the probability that self-reports of religiosity are likely to be less meaningful for children than for older individuals. Religious beliefs and understandings change dramatically across childhood and adolescence, only beginning to resemble those of adults in the preadolescent and early adolescent periods (e.g. Elkind, 1970; Fowler, 1991; Oser, 1991). Further, church attendance is not necessarily a voluntary activity for children and thus self-reports of religious attendance may not have the same depth of meaning for children as for adults.

Finally, most of the research on religion and well-being in childhood and adolescence suggests that effects are partially mediated by effects of religiosity on characteristics of the interpersonal environment—including effects on family interaction patterns, parenting

characteristics, and the social support that is provided to children and adolescents by peers and adults who are part of their religious communities.

There are number of serious limitations to this research that need to be addressed in future work. In addition to concerns regarding the diversity of measures used across studies and the limitations of single-item measures to tap complex constructs such as religiosity, there are deeper issues as well. Research on non-Christian minority religions in the United States is almost entirely absent, as is cross-cultural research including non-Western religions (Mahoney, et al., in press). Part of the reason for this is the small numbers of adherents to these religions in the United States, relative to the Christian majority. Another reason is that most measures of religious salience have been specifically designed to examine religiosity among Christians, and questions do not apply to non-Christian spiritual beliefs.

Another somewhat related concern is the lack of research on spirituality, apart from religion. The studies cited in this report tap individuals' participation in religious organizations and activities, and the personal importance individuals place on religion. Because of the ways in which religiosity is assessed, few if any studies have the ability to distinguish between adolescents for whom spiritual matters are unimportant and those who may have strong spiritual beliefs but do not adhere to any particular religion. Thus we know little about the effects of differences in the processes of religious and spiritual thought, apart from snapshots of religious activity and beliefs. Further, the lack of longitudinal studies makes it impossible to track the development of religiosity and spirituality across childhood and adolescence or the predictors and antecedents of changes in religiosity and spirituality across development. In order to gain a better grasp of the value of religiosity and spirituality for positive well-being, it will be necessary to conduct longitudinal studies that are also more inclusive with respect to ethnicity and religion.

Implications

There are a number of implications of this literature for prevention and intervention

efforts aimed at improving outcomes for children and adolescents. The consistent finding of a

restraining influence of religion on drug and alcohol abuse, in conjunction with the fact that a

large majority of adolescents report some level of ongoing involvement with a religious

institution (Lindberg, Boggess, & Williams, 2000), supports the view that religious communities

have an important contribution to make in drug and alcohol abuse prevention efforts, as well as

in treatment of drug and alcohol dependency (see McBride et al., 1996). However, it should

also be noted that findings indicating that religiosity effects are mediated by characteristics of the

social environment indicate that religion is one path to well-being and is not necessarily the only

one (King & Furrow, 2001).

The work of Garbarino (e.g., Garbarino & Bedard, 1996) seems a particularly appropriate

way to conclude this report, in wake of the tragic events of September 11, 2001. Garbarino has

focused much of his work on children experiencing both acute and chronic trauma, such as war.

Consistent with Fowler's (1991) work on the innate human need for faith, and Oser's (1991)

work on the development of religious judgements that allow individuals to reconcile religious

faith with seemingly contradictory realities, Garbarino emphasizes the necessity for attending to

the spiritual needs of children who have experienced traumatic events. As stated by Garbarino &

Bedard,

> What does a spiritual analysis imply for intervention? It implies that we embrace
> psychological, even physiological modalities in understanding trauma (and in
> intervening on behalf of the traumatized individuals and groups), *but only as part*
> *of a larger strategy for healing the wounds of trauma...*But a perspective which is
> sensitive to the spiritual essence of children and youth tells us to be prepared to go
> further, to recognize the need to deal with the metaphysical wounds that arise
> from the overwhelming cognitions, to deal practically with the eclipse of God (or
> Buddha, or Allah, or Jehovah) itself. To do this we must embrace the spiritual

dimensions of traumatized persons and groups and incorporate them into interventions with children and youth...(p. 174).

References

Afxentiou, D., & Hawley, C.B. (1997). Explaining female teenagers' sexual behavior and outcomes: A bivariate probit analysis with selectivity correction. *Journal of Family and Economic Issues, 18,* 91-106.

Ainsworth, Blehar, Waters, & Wall (1978). *Patterns of attachment: A psychological study of the strange situation.* Hillsdale, NJ: Erlbaum.

Allport, G.W., & Ross, J.M (1967). Personal religious orientation and prejudice. *Journal of Personality and Social Psychology, 5,* 432-443.

Bahr, H.M., & Martin, T.K. (1983). "And thy neighbor as thyself": Self-esteem and faith in people as correlates of religiosity and family solidarity among Middletown high school students. *Journal for the Scientific Study of Religion, 22,* 132-144.

Baumeister, L., Flores, E., & Marin, B. (1995). Sex information given to Latina adolescents by parents. *Health Education Research, 10,* 233-239.

Bearman, P.S., & Brückner, H. (2001). Promising the future: Virginity pledges and first intercourse. *American Journal of Sociology, 4,* 859-912.

Benson, P.L. (1993). *The troubled journey: A portrait of 6th-12th grade youth.* Minneapolis: Search Institute.

Benson, P.L., Donahue, M.J., & Erickson, J.A. (1989). Adolescence and religion: A review of the literature from 1970 to 1986. *Research in the Social Scientific Study of Religion, 1,* 153-181.

Blaine, B., & Crocker, J. (1995). Religiousness, race, and psychological well-being: Exploring social psychological mediators. *Personality and Social Psychology Bulletin, 21,* 1031-1041.

Booth, J., & Martin, J.E. (1998). Spiritual and religious factors in substance use, dependence, and recovery. In H.G. Koenig (ed.), *Handbook of religion and mental health* (pp. 175-200). San Diego: Academic Press.

Bowlby, J. (1969). *Attachment and loss, vol. I: Attachment.* New York: Basic.

Brega, A.G., & Coleman, L.M. (1999). Effects of religiosity and racial socialization on subjective stigmatization in African-American adolescents. *Journal of Adolescence, 22,* 223-242.

Bretherton, I. (1987). New perspectives on attachment relations: Security, communication, and internal working models. In J.D. Osofsky (ed.), *Handbook of infant development* (2nd ed.), pp. 1061-1100. New York: Wiley.

Brody, G.H., Stoneman, Z., & Flor, D. (1996). Parental religiosity, family processes, and youth competence in rural, two-parent African American families. *Developmental Psychology, 32,* 696-706.

Brody, G.H., Stoneman, Z., Flor, D., & McCrary, C. (1994). Religion's role in organizing family relationships: Family process in rural, two-parent, African American families. *Journal of Marriage and the Family, 56,* 878-888.

Brownfield, D., & Sorenson, A.M. (1991). Religion and drug use among adolescents: a social support conceptualization and interpretation. *Deviant Behavior: An Interdisciplinary Journal, 12,* 259-276.

Bumpass, L. (2001). Religion and divorce. *Presentation at the Princeton Conference on Religion and the Family,* Princeton, May.

Child Trends, Inc. (2001). *Unpublished report of selected measures from the NLSY97.*

Colby, A., & Kohlberg, L. (1987). *The measurement of moral judgment. Vol. 1: Theoretical foundations and research validation.* Cambridge: Cambridge University Press.

Cooksey, E.C., Rindfuss, R.R., & Guilkey, D.K. (1996). The initiation of adolescent sexual and contraceptive behavior during changing times. *Journal of Health and Social Behavior, 37,* 59-74.

Cornwall, M. (1989). The determinants of religious behavior: A theoretical model and empirical test. *Social Forces, 68,* 572-592.

Dai, Y. (1996). Educational plans after high school: A national survey of high school seniors. *Journal of Research and Development in Education, 30,* 22-30.

Donahue, M.J., & Benson, P.L. (1995). Religion and the well-being of adolescents. *Journal of Social Issues, 51,* 145-160.

Durant, R., Pendergrast, R., & Seymore, C. (1990). Sexual behavior among Hispanic female adolescents in the United States. *Pediatrics, 85,* 1051-1058.

Elifson, K.W., Petersen, D.M., & Hadaway, C.K. (1983). Religiosity and delinquency: A contextual analysis. *Criminology, 21,* 505-527.

Elkind, D. (1964). Age change and religious identity. *Review of Religious Research, 6,* 36-40.

Elkind, D. (1970). The origins of religion in the child. *Review of Religious Research, 12,* 35-42.

Ellison, C.G. (1991). Religious involvement and subjective well-being. *Journal of Health and Social Behavior, 32,* 80-99.

Ellison, C.G. (1993). Religious involvement and self-perception among Black Americans. *Social Forces, 71,* 1027-1055.

Ellison, C.G., Bartkowski, J.P., & Anderson, K.L. (1999). Are there religious variations in domestic violence? *Journal of Family Issues, 20,* 87-113.

Ellison, C.G., Bartkowski, J.P., & Segal, M.L. (1996). Conservative Protestantism and the parental use of corporal punishment. *Social Forces, 74,* 1003-1029.

Erikson, E. (1950). *Childhood and Society.* New York: Norton.

Erikson, E. (1968). *Identity: Youth and Crisis.* New York: Norton.

Erikson, E. (1980). *Identity and the Life Cycle.* New York: Norton.

Evans, T.D., Cullen, F.T., Burton, V.S., Dunaway, R.G., Payne, G.L., & Kethineni, S.R. (1996). Religion, social bonds, and delinquency. *Deviant Behavior: An Interdisciplinary Journal, 17,* 43-70.

Fergusson, D.M., Horwood, L.J., Kershaw, K.L., & Shannon, F.T. (1986). Factors associated with reports of wive assault in New Zealand. *Journal of Marriage and the Family, 48,* 407-412.

Fischer, & Richards (1998). Religion and guilt in childhood. In J. Bybee (Ed.), *Guilt and children* (pp. 139-155). San Diego: Academic Press.

Fowler, J.W. (1991). Stages in faith consciousness. In F.K. Oser & W.G. Scarlett (eds.), Religious development in childhood and adolescence. *New Directions for Child Development, No. 52* (pp. 27-45). San Francisco: Jossey-Bass.

Francis, & Gibson, (1993). Parental influence and adolescent religiosity: A study of church attendance and attitude toward Christianity among adolescents 11 to 12 and 15 to 16 years old. *International Journal for the Psychology of Religion, 3,* 241-253.

Garbarino, J., & Bedard, C. (1996). Spiritual challenges to children facing violent trauma. *Childhood, 3,* 467-478.

Garfinkel, I. (2001). Fragile families. *Presentation at the Princeton Conference on Religion and the Family,* Princeton, May.

George, L.K., Larson, D.B., Koenig, H.G., & McCullough, M.E. (2000). Spirituality and health: What we know, what we need to know. *Journal of Social and Clinical Psychology, 19,* 102-116.

Gershoff, E.T., Miller, P.C., & Holden, G.W. (1999). Parenting influences from the pulpit: Religious affiliation as a determinant of parental corporal punishment. *Journal of Family Psychology, 13,* 307-320.

Giles-Sims, J., Straus, M.A., & Sugarman, D.B. (1995). Child, maternal, and family characteristics associated with spanking. *Family Relations, 44,* 170-176.

Goldman, R. (1964). *Religious thinking from childhood to adolescence.* London: Routledge.

Gorsuch, R.L. (1984). Measurement: The boon and bane of investigating religion. *American Psychologist, 39,* 228-236.

Gorsuch, R.L., & McPherson, S.E. (1989). Intrinsic/extrinsic measurement: I/E-Revised and single-item scales. *Journal for the Scientific Study of Religion, 28,* 348-354.

Gorsuch, R.L., & Venable, G.D. (1983). Development of an "age universal" I-E scale. *Journal for the Scientific Study of Religion, 22,* 181-187.

Gunnoe, M.L., Hetherington, E.M., & Reiss, D. (1999). Parental religiosity, parenting style, and adolescent social responsibility. *Journal of Early Adolescence, 19,* 199-225.

Gunnoe, M.L., & Mariner, C.L. (1997). Toward a developmental/contextual model of the effects of parental spanking on children's aggression. *Aggression and Violence: A Review Journal.*

Halpern, C.T., Udry, J.R., Campbell, B., Suchindran, C., & Mason,G.A. (1994). Testosterone and religiosity as predictors of sexual attitudes and activity among adolescent males: A biosocial model. *Journal of Biosocial Science, 26,* 217-234.

Hirschi, T., & Stark, R. (1969). Hellfire and delinquency. *Social Problems, 17,* 202-213.

Hodgkinson, V.A., & Weitzman, M.S. (1997). *Volunteering and giving among American teenagers 14 to 17 years of age: 1996 edition.* Washington, DC: Independent Sector.

Jang, S.J., & Johnson, B.R. (2001). Neighborhood disorder, individual religiosity, and adolescent use of illicit drugs: A test of multilevel hypotheses. *Criminology, 39,* 109-143.

Kahn, J.R., Rindfuss, R.R., & Guilkey, D.K. (1990). Adolescent contraceptive choice. *Demography, 27,* 323-335.

Kauffman, (1979). Social correlates of spiritual maturity among North American Mennonites. In D.O. Mobe (Ed.), *Spiritual well-being: Sociological perspectives* (pp. 237-254). Washington, DC: University Press of America.

Kedem, P., & Cohen, D.W. (1987). The effects of religious education on moral judgment. *Journal of Psychology and Judaism, 11,* 4-14.

King, P.E., & Furrow, J.L. (2001). Developmental resources, moral behaviors, and faith communities: Adolescent religiousness and social capital. *Paper presented at the Biennial Meeting of the Society for Research in Child Development,* Minneapolis, April.

King, V. (2001). Religion and grandparenting. *Presentation at the Princeton Conference on Religion and the Family,* Princeton, May.

King, V., Elder, G.H., & Whitbeck, L.B. (1997). Religious involvement among rural youth: An ecological and life-course perspective. *Journal of Research on Adolescence, 7,* 431-456.

Kirkpatrick, L.A. (1989). A psychometric analysis of the Allport-Ross and Feagin measures of intrinsic-extrinsic religious orientation. In M. Lynn & D. Mobert (eds.), *Research in the social scientific study of religion, vol. 1* (pp. 1-30). Greenwich, CT: JAI Press.

Kirkpatrick, L.A. (1997). An attachment-theory approach to the psychology of religion. In B.

Spilka & D.N. McIntosh (eds.), *The Psychology of Religion,* pp. 114-133.

Kirkpatrick, L.A., & Hood, R.W. (1990). Intrinsic-extrinsic religious orientation: The boon or

bane of contemporary psychology of religion. *Journal for the Scientific Study of*

Religion, 29, 442-462.

Kirkpatrick, L.A., & Shaver, P. (1990). Attachment theory and religion: Childhood

attachments, religious beliefs, and conversion. *Journal for the Scientific Study of*

Religion, 29, 315-334.

Lindberg, L.D., Boggess, S., & Williams, S. (2000). *Multiple threats: The co-occurrence of*

teen health risk behaviors. Report to the Office of the Assistant Secretary for Planning

and Evaluation, U.S. Department of Health and Human Services, by The Urban Institute.

Maccoby, E.E., & Martin, J.A. (1983). Socialization in the context of the family: parent-child

interaction. In P.H. Mussen (Series Ed.) & E.M. Hetherington (Vol. Ed.), *Handbook of*

child psychology: Vol. 4. Socialization, personality, and social development (4th ed., pp.

1-101). New York: Wiley.

Mahoney, A., Pargament, K.I., Tarakeshwar, N., & Swank, A.B. (in press). Religion in the

home in the 1980s and 90s: Meta-analyses and conceptual analyses of links between

religion, marriage and parenting. *Journal of Family Psychology.*

Manlove, J., Terry-Humen, E., Papillo, A.R., Franzetta, K., Williams, S., & Ryan, S. (2001).

Background for community-level work on positive reproductive health in adolescence:

Reviewing the literature on contributing factors. Report to the Knight Foundation,

prepared by Child Trends, Inc.

Markstrom, C.A. (1999). Religious involvement and adolescent psychosocial development. *Journal of Adolescence, 22,* 205-221.

McBride, D.C., Mutch, P.B., & Chitwood, D.D. (1996). Religious belief and the initiation and prevention of drug use among youth. In C.B. McCoy, L.R. Metsch, & J.A. Inciardi (eds.), *Intervening with drug-involved youth,* pp. 110-130. Thousand Oaks, CA: Sage.

Miller, L., Warner, V., Wickramaratne, P., & Weissman, M. (1997). Religiosity and depression: Ten-year follow-up of depressed mothers and offspring. *Journal of the American Academy of Child & Adolescent Psychiatry, 36,* 1416-1425.

Moore, K.A., Miller, B.C., Glei, D., & Morrison, D.R. (1995). *Adolescent sex, contraception, and childbearing: A review of recent research.* Report to the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, by Child Trends, Inc.

Nolin, M.J., Chaney, B., Chapman, C., & Chandler, K. (1997). *Student participation in community service activity.* Washington, DC: National Center for Educational Statistics.

Oetting, E.R. (1999). Primary socialization theory. Developmental stages, spirituality, government institutions, sensation seeking, and theoretical implications. V. *Substance Use & Misuse, 34,* 947-982.

Okagaki, L., & Bevis, C. (1999). Transmission of religious values: Relations between parents' and daughters' beliefs. *Journal of Genetic Psychology, 160,* 303-318.

Oser, F.K. (1991). The development of religious judgment. In F.K. Oser & W.G. Scarlett (eds.), Religious development in childhood and adolescence. *New Directions for Child Development, No. 52,* pp. 5-25. San Francisco: Jossey-Bass.

Osmer, R., & Fowler, J.W. (1985). Childhood and adolescence—A faith development perspective. In R.J. Wicks, R.D. Parson, & D.E. Capps (eds.), *Clinical handbook of pastoral counseling,* pp. 171-212. New York: Paulist Press.

Piaget, I. (1962). *Play, dreams and imitation in childhood.* New York: Norton.

Piaget, J., & Inhelder, B. (1958). *The growth of logical thinking from childhood to adolescence.* New York: Basic Books.

Rogers-Dulan, J., & Blacher, J. (1995). African American families, religion, and disability: A conceptual framework. *Mental Retardation, 33,* 226-238.

Ross, C.E. (1990). Religion and psychological distress. *Journal for the Scientific Study of Religion, 29,* 236-245.

Scarlett, & Perriello (1991). The development of prayer in adolescence. In F.K. Oser & W.G. Scarlett (eds.), Religious development in childhood and adolescence. *New Directions for Child Development, No. 52,* pp. 63-76. San Francisco: Jossey-Bass.

Sherkat, D.E., & Ellison, C.G. (1999). Recent developments and current controversies in the sociology of religion. *Annual Review of Sociology, 25,* 363-394.

Spilka, B., Shaver, P., & Kirkpatrick, L.A. (1985). A general attribution theory for the psychology of religion. *Journal for the Scientific Study of Religion, 24,* 1-20.

Strayhorn, J.M., Weidman, C.S., & Larson, D. (1990). A measure of religiousness, and its relation to parent and child mental health variables. *Journal of Community Psychology, 18,* 34-43.

Thornton, A., & Camburn, D. (1989). Religious participation and adolescent sexual behavior and attitudes. *Journal of Marriage and the Family, 51,* 641-652.

Villarruel, A.M. (1998). Cultural influences on the sexual attitudes, beliefs, and norms of young Latina adolescents. *Journal of the Society of Pediatric Nurses, 3,* 69-79.

Waite, L. (2001). Religion and marriage: The ties that bind. *Presentation at the Princeton Conference on Religion and the Family,* Princeton, May.

Wilcox, W.B. (1998). Conservative Protestant childrearing: Authoritarian or authoritative? *American Sociological Review, 63,* 796-809.

Wilcox, W.B. (2001). Religion and parenting. *Presentation at the Princeton Conference on Religion and the Family,* Princeton, May.

Wright, L.S., Frost, C.J., & Wisecarver, S.J. (1993). Church attendance, meaningfulness of religion, and depressive symptomatology among adolescents. *Journal of Youth and Adolescence, 22,* 559-568.

Youniss, J., McLellan, J.A., & Yates, M. (1999). Religion, community service, and identity in American youth. *Journal of Adolescence, 22,* 243-253.