The Biological, Psychological, Cultural & Spiritual Affects of Teen Alcohol Abuse

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Abstract

Adverse adolescent alcohol usage affects the whole being of the adolescent…mind, body, and spirit. Various effects include, but are not limited to, physical and psychological addiction, physical maladies, cognitive atrophy and spiritual demise. Normal adolescent development comprises the elements of our entire being, including biological, psychological and spiritual. In this research paper, I will attempt to briefly articulate the biological, psychological and spiritual effects of teen alcohol abuse and provide considerations for a more comprehensive approach to treatment that includes bio-psycho-social-spiritual-cultural considerations.

Introduction

In today's American culture, teens are experiencing an onslaught of increased alcohol usage. According to Clinton and Ohlschlager (2002), each day, "one thousand teens begin using alcohol" (p.19). Further, 76% of high school students reported having consumed alcohol (Feldman, 2006, p. 413). Furthermore, Jaffe (1998) states, "alcohol remains the drug of choice among high school and college students, even though the legal drinking age is 21 years in all states" (p. 524)..."partly out of curiosity, large numbers of adolescents experiment with legal and illegal substances" (p. 518). According the Diagnostic and Statistical Manual of Mental Disorders (2000), "the first episode of Alcohol Intoxication is likely to occur in the mid-teens, with the age at onset of Alcohol Dependence peaking in the 20s to mid 30s" (p. 221). Alarmingly, these numbers are on the rise. Moreover, nuclear family alcohol usage directly impacts the possibility of adolescent alcohol usage. According the Diagnostic and Statistical Manual of Mental Disorders (2000), "higher risk is associated with a greater number of affected relatives, closer genetic relationships, and the severity of the alcohol related problems in the affected relative" (p. 221).

Viewing alcoholism from a meta-perspective, we understand that alcohol abuse causes biological, psychological, and spiritual harm to the adolescent. Alcoholism is excessive dependence on or addiction to alcohol, usually to the point that the person's physical and mental health is threatened or harmed (Freedman, Kaplan & Sadock, 1976, p. 1281). According the Diagnostic and Statistical Manual of Mental Disorders (2000), "abuse is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following occurring within a 12 month period…failure to fulfill major role obligations at work, school, or home…situations that are physically

hazardous…reoccurring legal problems…and reoccurring social and interpersonal problems" (p. 199). Simply stated, alcohol abuse is the disruption of an individual's lifestyle both interpersonally and intrapersonally, to the point of daily dysfunction within the dimensions of their physical, psychological, and spiritual being.

Alternatively, adolescents should be given the opportunity for healthy maturation without the life altering interference of alcohol.

According to Jaffe (1998), "the term adolescence literally means to grow into adulthood" (p. 19). Feldman (2006) states, "adolescence is the developmental stage that lies between childhood and adulthood. It is generally viewed as starting just before the teenage years and ending just after them" (p. 390). The adolescent life is filled with common internal changes and varied external experiences. According to Jaffe (1998), "the biological, emotional and cognitive transitions of adolescence appear to be universal across cultures, but a young person's experience of adolescence varies according to the individual's unique life circumstances" (p. 29).

Adolescent development is comprehensive and wholistic, comprising their entire being. According to Cole (1961), "…adolescences also develop in intellectual capacities, interests, attitudes, personal relationships, emotional growth, vocational and academic interests, aptitudes and religious and moral developments" (p. 3). Also, the bible instructs us that we as humans are three-part creatures, which underscores the need for a comprehensive and wholistic approach, "and the very God of peace sanctify you wholly; and I pray God your whole spirit and soul and body be preserved blameless unto coming of our Lord Jesus Christ" (I Thessalonians 5:23, King James Version).

Biological Dimension

Adolescents are in a critical period in their life, navigating through the stage of puberty,

where both physical changes and the psychological reactions to those changes are taken place. According to Jaffe (1998), "puberty is the period of transition from reproductive immaturity (nonfertility) to reproduce maturity (fertility)" (p. 74). Moreover, puberty is the period during which sexual organs mature and begins when the pituitary gland in the brain signal glands in children's bodies to begin producing the sex hormones, androgens (male hormones) or estrogens (female hormones), at adult levels (Feldman, 2006, p. 391). Additionally, puberty is the age at which a person becomes capable of sexual reproduction (Wade & Tavris, 1990, p. 502). Thus, the body is changing and at the same time, being "hard wired". As a result, adolescent alcohol usage can have a negative impact on the structural development of the adolescent, just as an innocent baby's repeated exposure to alcohol may cause Fetal Alcohol Syndrome, and affect the baby for the rest of his or her life. Fetal Alcohol Syndrome (FAS) was coined by Jones and Smith (1973), to describe a pattern of abnormalities observed in children born to alcoholic mothers . Fetal alcohol syndrome (FAS) is a condition that results from prenatal alcohol exposure (NIAAA, 1991, ph 297, no. 13). If an individual drinks during pregnancy, you place your baby at risk of fetal alcohol syndrome. The defects that are part of fetal alcohol syndrome are irreversible and can include serious physical, mental and behavioral problems, though they vary from one child to another (Mayo Foundation for Medical Education and Research (MFMER), 2007). When not resulting in the death of the fetus, (FAS) is characterized by growth deficiencies, facial abnormalities, and central nervous system dysfunctions. FAS is seen as the consequence of persistent toxic levels of alcohol throughout the gestational period. Coupling this data with the number of teen pregnancies and the number of teen female alcoholics…produces a high risk for many innocent babies to contract Fetal Alcohol Syndrome. According to the Guttmacher Institute (2006), "seven hundred and fifty thousand

teen girls get pregnant each year. Thirty-one percent of young women get pregnant at least once before they turn 20" (Santelli et al, 2007, p. 97). The birth defects from alcohol (FAS) can happen in the first three to six weeks of pregnancy—before a woman even knows she is pregnant. There are more than one million female alcoholics, and the number is growing—particularly among teens. One in eight women reports risk drinking—more than seven drinks a week or five drinks at one time. Binge drinking is especially common among teens. A mother's drinking continues to affect her baby after birth. If she breastfeeds, the alcohol is passed to the baby (Erie Times News, 2001).

During the time of adolescent biological development, teens go through many challenges and temptations to include drug use, alcohol consumption, peer pressure, tobacco use, obesity, illicit sex and risk of sexual transmitted diseases (Feldman, 2006, p. 396). According to Jaffe (1998), common concerns of adolescents are "getting along with family members, one's appearance, rejection from peers, peer pressure, parental divorce, academic failure, getting into college, preparing for the future and being a victim of crime" (p. 33). Adolescent alcohol usage can only exacerbate these dynamics while compounding any future alcoholic pathology. An adolescent attempting to escape these dynamic challenges by using alcohol, finds euphoric pleasure and relief for the present. According to Hersen, Turner, & Beidel (2007), "the endogenous opioid system plays a central role in various physiological processes including pain relief, euphoria, and the rewarding and reinforcing effect of psychoactive substances. Alcohol consumption also stimulates the endogenous opioid systems, and it appears that endogenous opioids help mediate the reinforcing effects of alcohol" p. 187). However, afterwards, the adolescent will find debilitating addition and manifold negative consequences. The biological effects of alcohol usage include, but are not limited to, poor physical condition, slurred speech,

unhealthy appearance, indifference to hygiene/grooming and bloodshot eyes (Feldman, 2006, p. 414-415). Additionally, long-term alcohol abuse can be very damaging to one's physical health. Health risks include cirrhosis (hardening) of the liver, gastrointestinal problems, damage to the heart muscle and impaired muscle functioning. Heavy drinkers often tend to miss meals or lack adequate diets and therefore suffer nutritional imbalance and have an impaired immune system.

Also, up to 80 percent of alcoholics have a deficiency in thiamine, and some of these people will go on to develop serious brain disorders such as Wernicke–Korsakoff syndrome (WKS), sometimes called wet-brain in the vernacular. WKS is a disease that consists of two separate syndromes, a short–lived and severe condition called Wernicke's encephalopathy and a long–lasting and debilitating condition known as Korsakoff's psychosis. The symptoms of Wernicke's encephalopathy include mental confusion, paralysis of the nerves that move the eyes (i.e., oculomotor disturbances), and difficulty with muscle coordination. Approximately 80 to 90 percent of alcoholics with Wernicke's encephalopathy also develop Korsakoff's psychosis, a chronic and debilitating syndrome characterized by persistent learning and memory problems. Patients with Korsakoff's psychosis are forgetful and quickly frustrated and have difficulty with walking and coordination (U.S. Health and Human Services, Alcohol Alert, publication 63, 2004).

Alcohol creates physical dependence and bondage that will be lifelong, unless liberated through Christ. This point is accentuated if the usage is in the puberty years, where the adolescent is still being hard wired and risks being stuck in an early stage of emotional growth. As a result, the youth will age chronologically, but through continued use of alcohol, will remain an adolescent emotionally. Additionally, due to the wear and tear of alcohol on the body, the individual user will have the appearance of someone who is aging at a ratio of two

years for every one year. During this time of adolescent development, teen alcohol use begins a journey down the road of retrogression and destruction.

Psychological Dimension

The biological storms of puberty are reputed to carry over into psychological storms: insecurity about oneself in relation to friends, dislike of one's newly mature body, a fierce and unhappy struggle for self-identity, and a distrust and dislike of parents. This view represents the turmoil theory of adolescent development. Some would argue that adolescent exploration and experimentation may foster identity crises within adolescents as they attempt to form their own identities. According to Jaffe (1998) "Erikson coined the term identity crisis to refer to an adolescents' serious questioning of their essential personal characteristics, their view of themselves, their concern about how others view them, and their doubts about the meaning and purpose of their existence" (p. 176). Further, Feldman (2006) describes the "identity-versus-identity-confusion stage" as adolescents "striving to discover their particular strengths and weaknesses and the roles they can best play in their future lives…this discovery process often involves trying on different roles of choices to see if they fit an adolescent's capabilities & views about himself or herself" (p. 428). According to Jaffe (1998), a cognitive change in adolescents would be described as the "emergence of formal operational thinking and sophisticated moral reasoning" (p. 26). During one's adolescence, cognitive development reaches its adult level. The formal operations stage is the stage at which people develop the ability to think abstractly. Piaget suggested that people reach it at the start of adolescence, around 12 (Feldman, 2006, p. 401). Piaget does point out that some people may never reach this stage of cognitive development. The formal operational stage is characterized by the ability to formulate hypotheses and systematically test them to arrive at an answer to a

problem. The individual in the formal stage is also able to think abstractly and to understand the form or structure of a mathematical problem. Additionally, according to Cole (1961), adolescents should mature in their cognitive development by moving "from blind acceptance of truth on the basis of authority, desire of facts, temporary interests…towards…demand for evidence before acceptance, desire for explanations of facts and stable interests" (p. 6). Moreover, Feldman (2006) states various adolescent cognitive development indicators such as, "prevailing abstract thought, use of formal logic, relative thinking rather than absolute thinking, improvement of verbal, mathematics and spatial skills, and a sense of invulnerability is present" (p. a-222). A sense of invulnerability, or coined in the vernacular as, "believing that youth are bullet proof", describes a teen's lifestyle with extreme high risk behaviors without fear of self harm.

Moreover, the changing rise and fall of hormones may contribute to the rapid mood swings that some adolescents feel, to the depth of their passions and to their sensation of being out of control of their emotions. Furthermore, adolescence is a transition time, a farewell to childhood, in which adolescents are learning the rules of adult sexuality, morality, work and family. Teenagers are beginning to develop their own standards and values and often do so by testing the boundaries of their parents. They are growing more independent of their parents. They are questioning adult life even while rehearsing for it. For some teenagers, these changes can feel overwhelming and lead to loneliness, depression and a sense of isolation. Jaffe (1998) details the "normal" state of an adolescent…"optimal psychological functioning of an individual's behaviors and personal qualities should contribute to (1) a sense of personal well-being, (2), the realization of life goals, (3) social acceptance and, (4) the realization of goals that society values. In other words, optimal functional during adolescence is achieved when

individuals feel good about themselves, others feel good about them, and they are able to achieve goals that they and significant others value" (p. 493). Consequently, alcohol, a depressant, is counter productive to the healthy growth and normal functioning of the adolescent. Corey (2005) further states, "using drugs (and alcohol) to treat symptoms of unhappiness is counterproductive and rarely helps anyone who is suffering" (p. 316). Additionally, as mentioned before, alcohol abuse may arrest the normal development of an adolescent through the stages of growth and cause the adolescent to be stuck emotionally at an earlier developmental stage than is chronologically appropriate.

According to Hersen, Turner, & Beidel (2007), "a substantial number of alcohol abusers have psychiatric problems" (p. 179). It is common to have co-morbidity when diagnosing alcohol substance abuse. Associated with alcohol abuse may be a depressive disorder or some criminal wayward behavior. According the Diagnostic and Statistical Manual of Mental Disorders (2000), "among adolescents, Conduct Disorder and repeated antisocial behavior often co-occur with Alcohol Abuse or Dependence…" (p. 220). Further, psychological effects of alcohol manifest themselves in the following behaviors, chronic dishonesty, changes in friends, evasiveness, increase in inappropriate anger/irritability, reduced motivation and diminished interest in extracurricular activities (Feldman, 2006, p. 415). Furthermore, the psychological effects of alcohol intoxication include lack of inhibitions, uninhibited sexual behavior/lack of interest in sex, mood swings, depression and sensory-motor co-ordination. Additionally, psychological effects of alcohol usage include, but are not limited to, memory lapses, short attention spans and difficulty concentrating (Feldman, 2006, p. 414-415). Clinton & Ohlschlager (2002), gives several practical ways of helping a teen through possible stages of developmental crisis, "warmth, empathy, genuineness, competence & the proper use of techniques" (571-574).

Spiritual Dimension

Spiritually, the adolescent may be primed to come to the knowledge of God through Jesus Christ. This fact, in and of itself, makes the counter productive effects of alcohol all the more saddening. According to Meier, Minirth, Wichem & Ratliff (1982), "by the adolescent years, God is understood to be the upholder of natural laws. He is thought to act out of concern for people rather that just judging them. The teenager realizes that God is beyond mere sensory experience…the individual's encounters with God are internal and mental rather than external. The adolescent characteristically feels unworthy before God and may realize that when God seems unfair it is because humans do not see the whole picture" (p. 250). Moreover, Meier, Minirth, Wichem & Ratliff (1991), "describe eight stages of spiritual development prior to the new birth experience. First, the individual is aware of the existence of a Supreme Being but has no real knowledge of the gospel. With the proclamation of the gospel, comes conviction and an embryonic awareness of the message of Christ. This initial awareness comes to include the fundamental of that message in the third stage. The implications of the gospel come to be understood (stage 4), followed by an increasingly positive attitude toward Christ and the gospel (stage 5). In stage 6 the person comes to recognize the presence of a problem – the lack of salvation, sometimes in connection with other personal problems. Stage 7 involves the decision to accept or reject the Gospel, while stage 8 involves repentance and faith in Christ" (p. 255).

Additionally, according to Meier, Minirth, Wichem, & Ratliff (1991) "teen-agers develop strong interests in ideals and ideologies as they search for personal identity. While in this stage of development, they are ready to make serious spiritual commitments, even though Christianity may have bored them previously" (p. 254).

Spiritually, alcohol usage lowers the will and inhibitions, thus, providing a portal to the

individual's spirit for demonic oppression and the lecherous activities that commensurate with alcohol usage. As a result, the individual user moves closer in intimacy with the alcohol and farther away from the Lord in relationship. Moreover, alcohol may be described as a gateway drug that leads to more hardcore drug usage…ultimately leading to further backsliding activities. As the alcohol use increases, spiritual deception increases. The bible has much to say on the effects of alcohol, "who hath woe? who hath sorrow? who hath contentions? who hath babbling? who hath wounds without cause? who hath redness of eyes? They that tarry long at the wine; they that go to seek mixed wine. Look not thou upon the wine when it is red, when it giveth his colour in the cup, when it moveth itself aright. At the last it biteth like a serpent, and stingeth like an adder. Thine eyes shall behold strange women, and thine heart shall utter perverse things. Yea, thou shalt be as he that lieth down in the midst of the sea, or as he that lieth upon the top of a mast. They have stricken me, shalt thou say, and I was not sick; they have beaten me, and I felt it not: when shall I awake? I will seek it yet again" (Proverbs 23:29-35, King James Version).

Additionally, according to the scriptures, illicit behavior in commonly associated with alcohol indulgence…Daniel 5, Genesis 9, Exodus 32, Hosea 4:11. Also, drunkenness or using alcohol with the wrong motive is sin and will break fellowship between the individual believer and the Lord. The scripture states, "behold, the LORD's hand is not shortened, that it cannot save; neither his ear heavy, that it cannot hear: but your iniquities have separated between you and your God, and your sins have hid his face from you, that he will not hear (Isaiah 59:1-2, King James Version). Finally, the scriptures admonish us to be intoxicated in the Spirit and not with a physical substance, "and be not drunk with wine, wherein is excess; but be filled with the Spirit" (Ephesians 5:18, King James Version).

Cultural Dimension

The cultural dimension is very important to consider when addressing alcoholism. Different cultural factors can impact a clinician's diagnosis and method of treatment. According the Diagnostic and Statistical Manual of Mental Disorders (2000), "the cultural traditions surrounding the use of alcohol in family, religious, and social settings, especially during childhood, can effect both alcohol use patterns and the likelihood that alcohol problems will develop" (p. 219). For example, alcohol is common in all cultures. According the Diagnostic and Statistical Manual of Mental Disorders (2000), "in most cultures, alcohol is the most frequently used brain depressant and the cause of considerable morbidity and mortality" (p. 212). Notwithstanding, when counseling various cultural clients, there are cultural nuances the counselor must be aware that are germane to that particular client. For example, according to Hersen, Turner, & Beidel (2007), "African Americans and some Hispanic/Latino groups have lower overall rates of alcohol involvement than non-Latino whites…however, these groups demonstrate higher rates of alcohol- and other drug-related morbidity and mortality than non Latino whites." (p. 185). Hersen, Turner, & Beidel (2007) further states, "the accelerated progression from use to problem use seen among these minority populations could result from socioeconomic polarization, criminal justice problems, or the lack of appropriate treatment options…both African American and Hispanic/Latino populations have been shown to chronically underutilize substance abuse treatment services" (p. 186). A further example proves that in terms of alcohol usage, some cultures are affected differently than other cultures. According the Diagnostic and Statistical Manual of Mental Disorders (2000), "the low prevalence rates among Asians appears to relate to a deficiency, in perhaps 50% of Japanese, Chinese, and Korean individuals, of the form of aldehyde dehydrogenase that eliminates low levels of the first breakdown product of alcohol, acetaldehyde. When 10% of individuals who

have a complete absence of the enzyme consume alcohol, they experience a flushed face and palpitations that can be so severe that many do not subsequently drink at all" (p. 219).

Basic Approaches to Treatment

Some treatment approaches utilize a more historic approach. According to Meier, Minirth, Wichern & Ratcliff (1991), "psychologists have used the concepts of classical conditioning not only to extinguish irrational fears, but also to condition new fears. For example, alcoholics may be taken to a bar like setting and given a glass of beer. When that begin to drink, an electric shock is applied, thus conditioning a fear response to the alcohol. Eventually the taste of alcohol, and perhaps even the smell, will produce a fear and avoidance response" (p. 107-108).

When considering treatment for a client, we as clinicians should utilize a tool that provides a comprehensive assessment. According to Whiston (2005), "counselors should always provide a full five-axial diagnosis because of the information's relevance to treatment" (p. 298). Some suggest using the DSM-TR-IV, which has a multi-axis approach that addresses clinical, mental, medical, environmental and social factors. However, the DSM-TR-IV lacks a significant emphasis from a comprehensive viewpoint while also denying the spiritual (created) aspect of man.

Others may suggest the Clinton & Ohlschlager (2002) approach which states, "every assessment should be multidimensional across four spheres: physical, psychological, social, and spiritual. Every diagnostic assessment should involve the individual as a whole person rather than as a simple (or complex) collection of observable behaviors. Human beings are multidimensional and need to be assessed across physical, psychological, social, and spiritual concerns. While one concern may take precedence in any given situation, a holistic understanding of the individual is necessary to evaluate the impact and to consider possible

resources (p. 330). Clinton & Ohlschlager (2002) further states, "treatment must attend to a continuum of issues, including physiological, cognitive, psychological, and spiritual" (p. 559).

Scripture expounds on the fact that are spiritual beings, "and the very God of peace sanctify you wholly; and *I pray God* your whole spirit and soul and body be preserved blameless unto the coming of our Lord Jesus Christ" (I Thessalonians 5:23, King James Version).

Notwithstanding, in addition to adding the spiritual assessment component, we should also have cultural assessment component. According to Hersen, Turner, & Beidel (2007), "when considering the need for multicultural competency, the mandate has been made clear. Researchers and clinicians are called upon to work with and serve a variety of individuals, groups, and families that significantly differ from the population on which the prevailing measures and diagnostic systems used for identifying and categorizing psychopathology were developed" (p. 302). According to Diller (2004) "cultural competence is the ability to effectively provide services cross-culturally…and is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professional and enable that system, agency, or those professionals to work effectively in cross-cultural situations" (p. 11).

With these two additional components, the spiritual and the cultural, we have more of a comprehensive approach to an assessment and thus will be able to provide better overall clinical care.

With that said, counselors must understand that treatment of alcoholics may be difficult at times. Freedman, Kaplan & Sadock (1976) states, "most alcoholics minimize the quantity of alcohol they consume and often deny obvious physical, family, or job performance…treatment is often difficult and fraught with frustration because the patient's motivation is poor…it is important that the internist develop a rapport with the patient, so that some degree of trust will develop" (p. 857). In addition to difficult clients, Freedman, Kaplan & Sadock (1976) suggests that difficult physicians play a role in therapy, a role that might deter clients from coming to

treatment, "physicians are often hostile in their approach with alcoholics, and many physicians feel that direct confrontation and an aggressive approach to therapy are more effective than logic or insight" (p. 857).

On a basic level, there are interventions that both the layperson and the clinician can implement. According to Feldman (2006), "a good place to start is a national hotline…call the National Council on Alcoholism at (800) 662-4357…those who need advice can find a local listing for Alcoholics Anonymous in the telephone book" (p. 415). Gladding (2004) states, "there are a number of treatment approaches for working with those who abuse alcohol, but the most well-known approach is Alcoholics Anonymous (AA)" (p. 460). AA provides a sponsor, a support group and the opportunity to grow. AA is strong on sponsor support, someone to journey with the recovering client. According to Kornblum (1997), "an important step in this process is the development of a relationship with a sponsor, a person who has been through the same experiences and has made a successful recovery. In fact, one of AA's aims is to enable the resocialized alcoholic to eventually perform as a sponsor – that is, as a role model – for someone else who is going through the same process (p. 141).

The treatment should also include the family of origin. According to Gladdin (2004), "along with treating the person who is abusing alcohol, the counselor also needs to work with his or her family and community" (p. 460). Families are most often a part of the individual's alcoholic pathology, whether its in the form of enablers, rescuers or family secrets. A genogram can be a great tool to identify family patters. Patterson (1998) states, "A genogram is a convenient way in which to visually capture the family structure" (p. 60). Further, according to Patterson (1998), a genogram is an "assessment tool" (p.76). Furthermore, according to McGoldrick, Gerson & Shellenberger (1999), "since family patterns can be transmitted from one

generation, to the next, the clinician should scan the genogram for patterns that have repeated over several generations. Such repetitive patterns occur in functioning, relationships and family structure. Recognizing such patterns often helps families avoid repeating unfortunate patterns or transmitting them into the future. Tracking critical events and changes in family functioning, its resources and vulnerability to future stress, and then try to understand such events in the larger social, economic and political context. This tracking enables the clinician to seek ways to promote resilience based on past sources of strength and modify adaptive strategies that in the past have proved dysfunctional" (p. 13).

Incorporating all of the above dimensions into treatment is critical. The counselor should incorporate in the adolescent's treatment plan the following…accessing community resources, attending therapy groups, possible family counseling, establishing a support system to include an AA sponsor, incorporating wellness, getting a medical check-up in order to include nutrition as a part of the recovery, a physical examination to rule out any Axis III possibilities and get a mental-health evaluation to validate if there is a co-occurring disorder and to rule out any potential suicide. The counselor must remember to get consent from the parent if the teen is under age, according to state law.

Lastly, the church, both local and organized, is not doing enough to thwart this onslaught. The rise in gross statistics attest to that premise. The church would serve the local community and society as a whole well if, it would spearhead a campaign to overcome the plague that's attacking our youth. Only the Word of God and the power of the Spirit can break the cycle of illicit activity and demonic bondage it causes. A national revival led by the church as a whole would be a great place to start. Sound Biblical teaching to the parents on these topics, through the church, would be a great place to continue. As a result, this is a crucial time in the

adolescent's life. The parent must be there to nurture and help protect the adolescent from themselves and the ills of society. The parent is admonished to pass on the knowledge of the Lord to the next generation. According to Meier, Minirth, Wichem & Ratliff (1982), "a second generation of believers typically loses the vitality of the first generation. The third and fourth generations observe their parents and grandparents and reject their lackluster faith. By the third and fourth generations, the faith of the fathers is lost" (p. 203).

The bible admonishes us to pass on the knowledge of God's to the next generation, "my son, hear the instruction of thy father, and forsake not the law of thy mother" (Proverbs 1:8, King James Version) and "give ear, O my people, to my law: incline your ears to the words of my mouth…which we have heard and known, and our fathers have told us. We will not hide them from their children, shewing to the generation to come the praises of the LORD, and his strength, and his wonderful works that he hath done. For he established a testimony in Jacob, and appointed a law in Israel, which he commanded our fathers, that they should make them known to their children: That the generation to come might know them, even the children which should be born; who should arise and declare them to their children: That they might set their hope in God, and not forget the works of God, but keep his commandments" (Psalms 78:1-7, King James Version) and "children, obey your parents in the Lord: for this is right, Honour thy father and mother; which is the first commandment with promise; That it may be well with thee, and thou mayest live long on the earth. And, ye fathers, provoke not your children to wrath: but bring them up in the nurture and admonition of the Lord" (Ephesians 6:1-4, King James Version).

Conclusion

Adolescent development must be viewed from a comprehensive prism, considering the

adolescent's biological, psychological, and spiritual development. Secular research does well to articulate the changes that the adolescent will wholly experience. From a Christian perspective, it is comforting to know that the spiritual development of the adolescent can be used to navigate the youth to Christ. Approaching the adolescent from a wholistic developmental approach will allow for the youth to receive compassion, competence and comprehensive care that addresses every facet of their development.

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