



Religiosity, self-control, and antisocial behavior: Religiosity as a promotive and protective factor

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ABSTRACT

Three hypotheses with the potential to provide information on the role of religiosity as a promotive and protective factor in early adolescence were tested. Adolescents ($N = 166$, M age = 13 years, 49% female, 49% European American, 45% African American) and mothers reported their own personal importance of religion and the frequency of their attendance of religious services. Greater mother importance and attendance was associated with greater adolescent importance and attendance. Mother importance was indirectly linked to adolescent antisocial behavior through adolescent importance. Less adolescent importance and attendance were associated with low self-control and low self-control was associated with more antisocial and rule-breaking behavior. Adolescent importance also moderated the links between low self-control and antisocial and rule-breaking behavior such that low levels of self-control were more strongly associated with more antisocial and rule-breaking behavior among adolescents reporting low religious importance compared to adolescents reporting high religious importance.

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Introduction

In both adolescence and adulthood, greater religiosity is associated with more positive health-relevant outcomes (e.g., McCullough, Hoyt, Larson, Koenig, & Thoresen, 2000; Powell, Shahabi, & Thoresen, 2003). In adolescence, greater religiosity has been consistently linked with lower levels of involvement in a wide range of undesirable behaviors including alcohol, tobacco, and drug use, delinquency, and risky sexual behavior (e.g., Manlove, Logan, Moore, & Ikramullah, 2008; Sinha, Cnaan & Gelles, 2007; Wallace & Williams, 1997; Wills, Gibbons, Gerrard, Murry, & Brody, 2003). However, limited progress has been made toward understanding the processes linking religiosity with less problem behavior or toward understanding whether religiosity also functions as a protective factor. The current study tests three hypotheses to better understand whether and how religiosity functions as a promotive and protective factor in early adolescence.

Religiosity as a promotive factor

To date much of the theorizing about religion and health has been based on the direct association between religiosity and health-relevant outcomes, emphasizing, for example, that high levels of religiosity are linked to better well-being (e.g., Smith, McCullough, &

Poll, 2003) and that highly religious individuals live longer than less religious individuals (e.g., McCullough, Hoyt, Larson, Koenig, & Thoresen, 2000). These effects are consistent with religion functioning as a general promotive factor associated with desirable outcomes. The search for processes underlying religion as a promotive factor focuses on identifying mediators of the association between religiosity and outcomes.

Geyer and Baumeister (2005) and McCullough and Willoughby (2009) identified self-control as a psychological process that may explain the link between religion and behavioral outcomes. In psychological research, self-control refers to a person's capacity to override and inhibit socially unacceptable and undesirable impulses and to regulate one's behaviors, thoughts and emotions (Baumeister, Heatherton, & Tice, 1994; Carver, & Scheier, 1998; Tangney, Baumeister, & Boone, 2004). In their General Theory of Crime, Gottfredson and Hirschi (1990) conceptualize low self-control more broadly as a constellation of six characteristics: risk-seeking, preference for physical activities, non-verbal communication, shortsightedness, volatile temper and impulsivity (Grasmick, Tittle, Bursik, & Arneklev, 1993). In this framework, individuals with low self-control are expected to engage in more antisocial behavior than individuals with high self-control because they tend to consider immediate benefits for themselves while failing to consider the long term consequences of their actions and how their actions may affect others (Gottfredson & Hirschi, 1990). Numerous studies have shown that low self-control is a risk factor for a wide range of behaviors including criminal acts (Pratt & Cullen, 2000), illicit and licit substance use (e.g., Vazsonyi, Pickering, Junger, & Hessing, 2001; Wood, Pfefferbaum, &

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Arneklev, 1993), risky sexual behavior (Jones & Quisenberry, 2004), and risky driving (Hartos, Eitel, Haynie, & Simons-Morton, 2000; Jones & Quisenberry, 2004).

In contrast to Gottfredson and Hirschi's (1990) proposal that low self-control is determined by parenting in early childhood and remains stable thereafter, current conceptualizations view self-control as more dynamic and influenced by one's own exercise of self-control (Baumeister, Bratslavsky, Muraven, & Tice, 1998) and social environmental factors (Hirschi, 2004). As such, self-control may be enhanced by participation in religious activities or adherence to religious beliefs (Geyer & Baumeister, 2005). Following an extensive review of research on youth and adults linking religion with numerous correlates and dimensions of self-control, McCullough and Willoughby (2009) propose that religion affects health, well-being, and social behavior through self-control. They note that although evidence that religion exerts a causal influence on self-control is lacking, the proposition is highly plausible given that both religiosity and self-control are consistent predictors of well-being. Evidence directly testing the mediation proposition in adolescence is limited to three studies of the association between religiosity and substance use. Two of the previous studies documented that associations between adolescent religiosity and substance use were mediated by self-control (Desmond et al., 2009; Walker, Ainette, Wills, & Mendoza, 2007), whereas one study concluded that the link between the importance of religion and substance use was direct and not mediated by self-control (Wills, Gibbons, et al., 2003; Wills, Yaeger, & Sandy, 2003). The first hypothesis in the current study focuses on self-control as an explanation for the association between religiosity and antisocial behavior. We hypothesize that less adolescent religiosity will be associated with low self-control and with more antisocial behavior, and that the association between religiosity and antisocial behavior will be mediated by low self-control.

Religiosity as a protective factor

Although substantial evidence has accumulated that religiosity can function as a general promotive factor, religion is also expected to serve as a resource or source of support in times of need. In this manner, religiosity may function as an ameliorative or protective factor (Marks, 2008). The search for evidence of religiosity as a protective factor focuses on religiosity as a moderator of associations between risk factors and outcomes. Functioning as a protective factor, high levels of religiosity may be sufficient to buffer individuals from the negative impact of experiences or characteristics that put them at risk for maladaptive behavior or psychological problems. Smith and Denton (2005) note that for American adolescents (particularly "religiously devoted teens"), religion seems to provide "extra or more effective coping mechanisms for negotiating and resolving their mental, emotional, and interpersonal stresses and problems" (p. 245). Consistent with this perspective, high religiosity was found to protect adolescents from increasing substance use following negative life events (Wills, Yaeger, & Sandy, 2003).

In terms of functioning as a protective factor for antisocial behavior, religion may provide adolescents with the motivation, psychological resources, coping, or social support necessary to avoid the temptation to engage in antisocial behavior or to fight one's predisposition to engage in antisocial behavior. More specifically, religiosity may moderate the effect of low self-control such that low self-control is less strongly linked with antisocial behavior among highly religious adolescents as compared to less religious adolescents. Only one study has tested religiosity as a moderator of low self-control in adolescence. Using the Add Health dataset, Desmond et al. (2009) failed to find significant interactions between adolescent religiosity and self-control when predicting marijuana and alcohol use. However, a study of college students found that high moral beliefs (i.e., how wrong it is to engage in antisocial behavior) moderated the association between low self-control and antisocial behavior such that low self-control was unrelated

to antisocial behavior at high levels of moral beliefs but was related to more antisocial behavior at low levels of moral beliefs (Schoepfer & Piquero, 2006). The second hypothesis in the current study focuses on religiosity as a protective factor for low self-control. We hypothesize that religiosity will interact with self-control in the prediction of antisocial behavior such that low self-control will be less strongly associated with antisocial behavior among highly religious adolescents than among less religious adolescents.

Parents' or adolescents' religiosity

Many adolescents are actively involved in organized religious groups, regularly attend and participate in religious services, and report that their religious practices and beliefs are important (Smith & Denton, 2005). Recent qualitative research even documents that some religious adolescents make significant sacrifices for their faith (Dollahite, Layton, Bahr, Walker, & Thatcher, 2009). Good and Willoughby (2008) propose that adolescence is a sensitive period for the development of religiosity as the constellation of intrapersonal, cognitive, and neurological developments during adolescence may make adolescents particularly likely to explore religious ideas, experience a religious commitment, and make commitments that endure over time. However, such commitments are likely to be influenced by the opportunities afforded adolescents by their parents' religiosity.

Most adolescents are affiliated with the same religious organizations as their parents, attend services with their parents, and may have little choice in these matters (Yust, Johnson, Sasso, & Roehlkepartain, 2006). Therefore, what are often reported as effects of adolescent religiosity may be effects of family or parent religiosity (Regnerus, 2003). Although studies rarely assess parents' and adolescents' religiosity using similar items, several studies indicate that effects of parent religiosity are mediated by adolescent religiosity (Burkett, 1993; Desmond, Ulmer, & Bader, 2009; Simons, Simons, & Conger, 2004; cf. Brody, Stoneman, & Flor, 1996), suggesting that adolescent religiosity is the more proximal promotive and protective factor. The third hypothesis in the current study focuses on the distinction between religiosity as experienced personally by adolescents versus religiosity as a family or parent-level variable. We hypothesize that adolescents' and parents' personal religious experiences will be positively correlated, but that adolescents' personal religious experiences will mediate the link between adolescents' involvement in antisocial behavior and parents' own personal religious experiences.

A recent review indicates that the vast majority of social research on religion over the past 20 years has employed only one or two indicators of "religion" (Mahoney, 2010). In many cases, the only indicator used has been self-reported church attendance (Marks & Dollahite, in press). This is problematic due to the tendency of Americans to over-report church attendance (Hadaway, Marler, & Chavez, 1993). As a result, self-reported importance of religion has been used instead (or in addition) by some researchers (Miller & Thoresen, 2003; Smith & Denton, 2005). The present study assessed both attendance and importance. Differentiating between importance and attendance is essential because early adolescents are largely dependent on their parent(s) for transportation and many early adolescents attend religious services not because they are highly religious but because their parents require it. In other words, some early adolescents who want to attend religious services face resource constraints in doing so, whereas some others who attend services are not there voluntarily. We suspect that importance may be a better, or more consistent, promotive and protective factor than attendance.

In summary, the purpose of the current study is to test associations among religiosity, self-control, and antisocial behavior in early adolescence. We expect adolescent self-control to mediate the association between adolescent religiosity and adolescent antisocial behavior. Furthermore, we anticipate a significant interaction between adolescent religiosity and self-control when predicting antisocial

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