



- No brief manual can hope to illuminate fully the complicated psychosocial developmental process of adolescence. This chapter offers an elementary framework from which to approach the study of this developmental process and discusses way to enhance interactions between health care providers and adolescents.
  - Although in terms of physical development adolescence can be described as the period of life that begins with the appearance of secondary sexual characteristics and terminates with the cessation of somatic growth, in modern Western culture the behavioral aspects of this period have become equally important. Adolescence is, in fact, a biopsychosocial process that may start before the onset of puberty and may last well beyond the termination of growth. The events and problems that arise during this period are often perplexing to parents, health care professionals, and adolescents. It is a time in which, for example, a previously obedient, calm child may become emotionally labile and act out.
  - It is vital that health professionals who furnish comprehensive care for adolescents understand the adolescent psychosocial developmental process. Such an understanding is not only beneficial in routine adolescent health care but can help adolescents and their families through problem periods involving, for example, failure in school, depression, suicidal tendencies, and out-of-control behavior. This chapter examines the phases and tasks of normal adolescent psychosocial growth and development, beginning with some general comments about the process of adolescence.
- **The process of adolescence:**
- It is important, first, to keep in mind that no outline of psychosocial development can describe adequately every adolescent. Adolescents are not a homogeneous group but display wide variability in biological and emotional growth. Each adolescent responds to life's demands and opportunities in a unique and personal way. Further, adolescents must meet the challenges that arise from their own high-risk behaviors as well as the many social factors that affect their lives (Galambos and Leadbeater,2000,Lerner and Galambos,1998).
  - Second, the transition from childhood to adulthood does not occur by a continuous, uniform synchronous process. In fact, biological, social, emotional, and intellectual growth may be totally asynchronous. In addition, growth may be accented by frequent periods of regression. It must be remembered that all of life, from birth to death, is a constant process of change and that adolescence is not the only difficult period.
  - Third, whereas adolescence has been described as a period of extreme instability or “normal psychosis,” most adolescents survive with no lasting difficulties, and many are unperturbed by the process (freud, 1958) In actuality, about 80% of adolescents cope well with the developmental process. Of these 80% about 30% have an easy continual growth process, 40% have periods of stress intermingled with periods of calm, and 30% have tumultuous development marked by bouts of intense storm and stress. In a national survey, approximately 90% of 16-year-old boys and girls reported that they got along well with their mothers. And 75% reported getting along well with their fathers (Rutter, 1980) only about one in five families reported difficult parent-child relationships. Overall, major conflict between parents and their adolescent children is not a normal part of adolescence (Steinberg, 1990, Laursen et al, 1998).



## - Phases and Tasks of Adolescence:

- Adolescence can be conceptualized by dividing the process into three psychosocial developmental phases:
  - ✓ Early adolescence: Approximately age 10–13 years, or middle school years
  - ✓ Middle adolescence: Approximately age 14-17 years, or high school years
  - ✓ Late adolescence: Approximately age 17-21 years, or the years of college or work after high school.
- These stages overlap among different adolescents. By the end of adolescence, the emerging adult (Amell, 2000) has become emancipated from parents and other adults and has attained a psychosexual identity and sufficient resources from education, family, and community to begin to support himself or herself in an emotionally, socially and financially satisfying way. In addition, the individual has learned how to appropriately seek support from others when needed.
- Several tasks characterize the development of the adolescent and are discussed in the following sections in conjunction with the phases of adolescence. These tasks include:
  - ✓ Achieving independence from parents
  - ✓ Adopting peer codes and lifestyles
  - ✓ Assigning increased importance to body image and acceptance of one's body
  - ✓ Establishing sexual, ego, vocational, and moral identities.

## - Early Adolescence (Age 10 – 13 years):

- Early adolescent psychosocial development is heralded by rapid physical changes with the onset of puberty. These physical changes engender self-absorption and initiate the adolescent's struggle for independence. The onset of puberty, along with the concomitant psychosocial and emotional changes, occurs earlier by 1 to 2 years for girls than for boys. Puberty in more recent studies has begun even earlier than in past years in female adolescents.

## - Independence-Dependence Struggle:

- Early adolescence is characterized by the beginning of the shift from dependence on parents to independent behavior. Common events at this time include the following:
  - ✓ Less interest in parental activities and more reluctance to accept parental advice or criticism; occasional rudeness; more realization that the parent is not perfect.
  - ✓ An emotional void created by separation from parents without the presence of an alternative support group, which can often create behavioral problems (e.g. a decrease in school performance)
  - ✓ Emotional lability (wide mood and behavior swings)
  - ✓ Increased ability to express oneself through speech
  - ✓ Search for new people to love in addition to parents

## - Body Image Concerns:

- Rapid physical changes lead the adolescent to be increasingly preoccupied with body image and the question, "Am I normal?" The early adolescent's concern with body image is characterized by four factors:
  - ✓ Preoccupation with self
  - ✓ Uncertainty about appearance and attractiveness
  - ✓ Frequent comparison of one's own body with those of other adolescents
  - ✓ Increased interest in sexual anatomy and physiology, including anxieties and questions regarding menstruation or nocturnal emissions, masturbation, and breast or penis size.



### - Peer Group Involvement

- With the beginning of movement away from the family, the adolescent becomes more dependent on friends as a source of comfort (Damon, 1999). The adolescent's peer group involvement is characterized by the following:
  - ✓ Solitary friendships with a member of the same sex. This idealized friendship may become intense; boys, for example, may become comrades-in-arms with sworn pacts and allegiances, and young teenage girls may develop deep crushes on men as well as women.
  - ✓ Strongly emotional, tender feelings toward peers, which may lead to homosexual exploration, fears, and/or relationships.
  - ✓ Peer contact primarily with the same sex, some contact with the opposite sex made in groups of friends.

### - Identity Development:

- At the same time that rapid physical changes are occurring, the adolescent's cognitive abilities are improving markedly. In Piaget's (1969) cognitive theory, this corresponds to the evolution from concrete thinking (concrete operational thoughts) to abstract thinking (formal operational thoughts). During this time, the adolescent is expected to achieve academically and to prepare for the future. This period of identity development is characterized by the following:
  - ✓ Increased ability to reason abstractly. This ability is usually turned inwards, leading to increased self-interest and fantasy. For example, the young adolescent may feel himself or herself constantly "on stage".
  - ✓ Frequent daydreaming, which not only is normal but also is an important component in identity development because it allows adolescents an avenue to explore, enact, problem solve, and recreate important aspects of their lives.
  - ✓ Setting unrealistic or idealistic (depending on the individual) vocational goals (e.g musician, airplane pilot, truck driver)
  - ✓ Testing authority, which is common behavior in adolescents as they attempt to better define themselves and is often one cause of tension between the adolescent and his or her family or teachers.
  - ✓ A need for greater privacy, which diary or journal writing often becoming highly important.
  - ✓ Emergence of sexual feelings often relieved through masturbation or the telling of dirty jokes. Girls are often ahead at this point in sexual development.
  - ✓ Development of one's own value system, leading to additional challenges to family and others.
  - ✓ Lack of impulse control and need for immediate gratification, which may result in dangerous risk-taking behavior.
  - ✓ Tendency to magnify one's personal situation (although adolescents often feel that they are continually on stage, they may also be convinced that they are alone and that their problems are unique.

### - Middle Adolescence (age 14 to 16 years):

- Middle adolescence is characterized by an increased scope and intensity of feelings by the rise in importance of peer group values.

### - Independence-Dependence Struggle:

- Conflicts become more prevalent as the adolescent exhibits less interest in parents and devotes more of his or her time to peers.



- **Body Image Concerns:**

- Most middle adolescents, having experienced the majority of their pubertal changes, are less preoccupied with these changes. Although there is greater acceptance and comfort with the body much time is spent trying to make it more attractive. Clothes and makeup may become all important. Because of the societal emphasis on youthful body image, eating disorders may become established during this developmental phase.

- **Peer Group Involvement:**

- At no other time than middle adolescence is the powerful role of peer groups more evident (Damon,1999). Characteristics of this involvement include:
  - ✓ Intense involvement by the adolescent in his or her peer subculture
  - ✓ Conformity by the adolescent with peer values, codes, and dress, in an attempt to further separate from family.
  - ✓ Increased involvement in partnering relations, manifested by dating activity, sexual experimentation, and intercourse.
  - ✓ Involvement with clubs, team sports, gangs, and other groups.
- Despite the fact that this group of adolescents is susceptible to peer pressure, peer pressure can be overrated. Adolescents' reactions to peer pressure are extremely varied, and peer pressures can also involve a desire to excel academically, in sports, or in other positive activities.

- **Identity Development:**

- The abilities to abstract and to reason continue to increase in middle adolescence, along with a new sense of individuality. The middle adolescent's ego development is characterized by:
  - ✓ Increased scope and openness of feelings, with a new ability to examine the feelings of others.
  - ✓ Increased intellectual ability and creativity.
  - ✓ Less idealistic vocational aspirations (adolescents with average and below-average intellectual abilities often realize their limitations at this time and may consequently experience lowered self-esteem and depression).
  - ✓ A feeling of omnipotence and immortality, leading to risk-taking behavior, which is certainly a factor in the high rates of accidents, suicide, drug use, pregnancy, and sexually transmitted disease that become prevalent at this stage.

- **Late Adolescence (age 17 to 21 years):**

- Late adolescence is the last phase of the adolescent's struggle for identity and separation. If all has proceeded fairly well in early and middle adolescence, including the presence of a supportive family and peer group, the adolescent will be well on his or her way to handling the tasks and responsibilities of adulthood. If the previously mentioned tasks have not been completed, however, then problems such as depressions, suicidal tendencies, or other emotional disorders may develop with the increasing independence and responsibilities of young adulthood. A new conceptualization of the late adolescence period views late adolescents as "emergent adults" especially those age 18 to 25 years (Arnett, 2000). These new young adults have begun to accept responsibility for their behaviors, have started to make their own decisions, and are trying to be financially independent.

- **Independence-Dependence Struggle:**

- For most, late adolescence is a time of reduced restlessness and increased integration. The adolescent has become a separate entity from his or her family and now may better appreciate the importance of the parents' values, to the point of allowing their



help as partners, Therefore, parental advice may once again be sought and accepted. However, it is not uncommon for some adolescents to be hesitant to accept the responsibilities of adulthood and to remain dependent on family and peers. Characteristics include:

- ✓ Firmer identity
- ✓ Greater ability to delay gratification
- ✓ Better ability to think through and express ideas in words
- ✓ More stable interests
- ✓ Greater ability to make independent decisions and to compromise.

- **Body Image Concerns:**

- The late adolescent has completed pubertal development and growth and is typically unconcerned with this process, unless an abnormality has occurred.

- **Peer Group Involvement:**

- Peer group values become less important to late adolescents as they become more comfortable with their own values and identity. Much time is spent in a relationship with one person. Such relationships involve exploitation and experimentation and more sharing, with the selection of a partner based more on mutual understanding and enjoyment than on peer acceptance.

Task	Early adolescence	Middle adolescence	Late adolescence
<b>Independence</b>	Less interest in parental activities Wide mood swings	Peak of parental conflicts	Reacceptance of parental advice and values
<b>Body image</b>	Preoccupation with self and pubertal changes Uncertainty about appearance	General acceptance of body Concern over making body more attractive	Acceptance of pubertal changes
<b>Peers</b>	Intense relationships with same-sex friend	Peak of peer involvement Conformity with peer values Increased sexual activity and experimentation	Peer group less important More time spent in sharing intimate relationships
<b>Identity</b>	Increased cognition Increased fantasy world Idealistic vocational goals Increased need for privacy Lack of impulse control	Increased scope of feelings Increased intellectual ability Feeling of omnipotence Risk-taking behavior	Practical, realistic vocational goals Refinement of moral, religious, and sexual values Ability to compromise and to set limits

- **Identity Development**

- The ego development of the late adolescent is characterized by
  - ✓ The development of a rational and realistic conscience
  - ✓ The development of a sense of perspective, with the abilities to delay, to compromise, and to set limits.
  - ✓ The development of practical vocational goals and the beginning of financial independence.
  - ✓ Further refinement of moral, religious, and sexual values.