Socioemotional Development in Adolescence

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Important Terms and Concepts
By virtually any indicator, adolescence is longer than it has ever been before, because young people go through puberty (one marker of the beginning of adolescence) earlier, and because they enter into adult roles of work and family (one way to define the end of adolescence) later.

In previous eras, when puberty occurred around fifteen, and when individuals left school and entered the world of work just a few years later, adolescence, at least by these markers, was only a few years long. Today, though, young people are caught between the world of childhood and the world of adulthood for an extremely long time, often longer than a decade. The lengthening of adolescence as a developmental period has had important implications for how young people see themselves, relate to others, and develop psychologically.

Here’s an illustration of why this matters. If someone older tells you that people should “Wait until they’re married before having sex,” you might point out that this was a lot easier when they (or their parents) were growing up. A woman who was born in 1930 went through puberty when she was about fourteen and a half and probably got married when she was around twenty. So if she “waited” before losing her virginity, she waited for about five and a half years. Today, the average girl goes through puberty around twelve and will probably get married when she is in her late twenties. She’ll have to wait three times as long!

In this chapter, we look at some of the main psychosocial developments of the adolescent period. We begin with what many consider to be the central psychological task of adolescence—developing an independent identity. Next, we look at two of the main contexts in which psychosocial development takes place: the family and the peer group. Following this, we turn to a discussion of two sets of problems that aren’t universal during adolescence, but that affect a large number of teenagers: externalizing problems, like delinquency and aggression, and internalizing problems, like depression and suicide.

Before we begin, though, we’re going to start with what may strike you as an odd question: Have there always been adolescents?

THE INVENTION OF ADOLESCENCE

Although this question seems like a simple one with an obvious answer, it actually is pretty complicated. Naturally, there have always been individuals between ten and twenty years old, who have gone through puberty, and whose prefrontal cortex was still maturing. But adolescence as we know it in contemporary society did not really exist until the middle of the nineteenth century (Fasick, 1994). Prior to that time, children were viewed as miniature adults, and the term “child” referred to anyone under the age of eighteen or even twenty-one. The main difference between “children” and “adults” was not their age or their abilities but whether they could own property
Thus there was little reason to label some young people as “children” and others as “adolescents.” In fact, the word adolescent was not widely used before the nineteenth century.

With the Industrial Revolution in the late nineteenth century, however, came profound changes in work, schooling, and family life, and adolescents were among those most affected. Because the economy was moving away from the simple and predictable life known in farming societies, the connection between what individuals learned in childhood and what they would need to know in adulthood grew uncertain. Parents, especially in middle-class families, encouraged their teenagers to prepare for adulthood in school, rather than on the job. Before industrialization, adolescents spent their days working with their parents and other adults close to home. Now they were increasingly likely to spend their days in school with peers of the same age.

Industrialization also changed adolescents standing in the work force. One outcome of industrialization was a shortage of jobs, because new machines replaced many workers. Adolescents were now competing with adults for a limited supply of jobs—and adults didn’t like it one bit. A convenient way of dealing with this competition was to remove adolescents from the labor force by turning them into full-time students. To accomplish this, society needed to rationalize differentiating between individuals who were “ready” for work and those who still needed to go to school. Teenagers, who earlier in the century would have been working side by side with adults, were now seen as too immature or too unskilled to carry out similar tasks—even though the adolescents themselves hadn’t changed in any meaningful way (Enright et al., 1987). No one wants to admit it, but one reason we force teenagers to go to high school for as long as they must is to make sure that they don’t take jobs away from adults! (Kind of puts that awful class you endured as a high school sophomore in a new light, doesn’t it?)

Some adults were genuinely interested in protecting adolescents from the dangers of a changing society, of course. Families were moving from small, traditional farming communities, where everyone knew everyone else, to large, crowded, turbulent urban areas. The “evils of city life” (crime and vice) loomed large. Furthermore, factories were hazardous working environments, filled with new and unfamiliar machinery. Child protectionists argued that young people needed to be sheltered from the labor force for their own good (Modell & Goodman, 1990).

Whatever the reason, it was not until the late nineteenth century—a little more than 100 years ago—that adolescence became what it is today: a long period of preparation for adulthood, in which young people remain economically reliant on their parents and spend most of their time in school or in leisure activities with people of the same age. As you can imagine, the way adolescence is structured by society gives it a distinctive psychological flavor. Many of the things we take for granted as inherent features

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**INTERIM SUMMARY 15.1**

**The Invention of Adolescence**

- Adolescence, as we know it in contemporary society, did not really exist until the middle of the nineteenth century.
- As a result of the Industrial Revolution, teenagers were encouraged to prepare for adulthood in school rather than on the job, and over time, adolescents were removed from the labor force.
- Today adolescence is a long period of preparation for adulthood in which young people remain economically reliant on their parents and spend most of their time in school or in leisure activities with people of the same age.
Chapter 15  Socioemotional Development in Adolescence

of adolescence—peer pressure, struggles with parents over independence, having an “identity crisis”—are new phenomena. Far more than in previous times, today, one of the most important socioemotional tasks of adolescence is to develop a clearer sense of who you are and where you are headed. (For a summary of this section, see “Interim Summary 15.1: The Invention of Adolescence.”)

DEVELOPING AN INDEPENDENT IDENTITY

More novels, movies, television shows, and plays have probably been written about “coming of age”—making the transition from adolescence to adulthood—than any other subject. The list is endless, and as diverse as adolescents themselves: *Hamlet*, *The Catcher in the Rye*, *I Know Why the Caged Bird Sings*, *The House on Mango Street*, *My So-Called Life*, *American Graffiti*, *Y Tu Mamá También*, *The Bluest Eye*, *The Joy Luck Club*, *Stand By Me*, *The Wonder Years*. In all of these stories, an adolescent has a series of experiences that lead to a reevaluation of who he or she is and where he or she is headed. It’s not surprising that this theme is so popular—adolescence is one of the most important periods for the development of an independent identity. The dominant view in the study of adolescent identity development is that proposed by Erik Erikson. Although developing a coherent sense of identity appears to take place at a later age than Erikson thought when he first wrote about it, in the 1950s (it probably happens in the early twenties or midtwenties for most people today), his theory of the adolescent identity crisis remains extremely influential.

Erikson’s Theoretical Framework

As you read in “The Study of Child Development,” Erikson viewed the developing person as moving through a series of eight psychosocial crises over the course of the lifespan. He believed that resolving the crisis of identity versus identity diffusion is the chief psychosocial task of adolescence. Before adolescence, the child’s identity is like a jigsaw puzzle with many pieces that have not yet been connected. But after this crisis is successfully resolved, these pieces will be joined to form a coherent picture that is unique to the adolescent. According to Erikson, it is not until adolescence that individuals have the mental or emotional capacity to tackle this task. Of the many social roles available in contemporary society, which fits them? The key to resolving the identity crisis, he argued, lies in the adolescent’s interactions with others. Responding to the reactions of people who matter, the adolescent selects and chooses from among the many facets that could conceivably become a part of who he or she really is. The other people with whom the young person interacts serve as a sort of mirror that reflects back information about who the adolescent is and who he or she ought to be. Through others’ reactions, we learn whether we are graceful or clumsy, nice-looking or unattractive, socially competent or clueless. Perhaps more important, we learn from others what it is we do that we ought to keep doing, and what it is that we ought to stop.

Social Context and Identity Development  The social context has a tremendous effect on the nature and outcome of the process of identity development. Clearly, if adolescents’ identities grow out of others’ responses to them, society will play an important role in determining which sorts of identities are possible alternatives, and of those identities that are genuine options, which are desirable and which are not. As a result, the course of identity development varies across cultures, among different groups within the same society, and over different historical epochs (Kroger, 1993). For example, in the past, most young women assumed that their adult identity would revolve around being a wife and mother. But many more alternative identities are open to women today, and as a result, choosing among different alternatives (What’s more important to me, marriage and family or a career? Should I pursue higher education?)
What occupation should I aim for? When do I want to get married? Have children? has become much more complicated.

The rapid rate of social change in today’s world has raised new sets of questions for young people (both males and females) to consider—questions not only about their occupation but also about their values, lifestyle, and relationships. Consequently, the likelihood of going through a prolonged and difficult identity crisis is probably greater today than it has ever been.

**The Psychosocial Moratorium** According to Erikson, the complications inherent in identity development in modern society have created the need for a psychosocial moratorium—a “time-out” during adolescence from responsibilities and obligations that might restrict the young person’s pursuit of self-discovery. Most adolescents in contemporary America are given a moratorium of sorts by being encouraged to remain in school for a long time, where they can develop plans for the future without making decisions that are impossible to undo.

During the psychosocial moratorium, adolescents can experiment with different roles and identities in a context that permits and encourages this sort of exploration. They can try on different postures, personalities, and ways of behaving. One week, an adolescent girl will spend hours engrossed in *Vogue* or *Seventeen*; the next week she will insist to her parents that she is tired of caring so much about the way she looks. An adolescent boy will come home one day with a tattoo and pierced ear; a few weeks later he will discard this image for Abercrombie & Fitch or Polo (although he may discover that getting rid of the tattoo and piercing is not so simple).

Although many parents worry about their teenage children going through phases like these, much of this behavior is actually normal experimentation with roles and personalities.

The moratorium Erikson described is an ideal, however, perhaps even a luxury of the affluent. Many young people—possibly most—do not have the economic freedom to enjoy a long time-out before taking on adult responsibilities. For many, alternatives are not open in any realistic sense, and introspection only interferes with the more pressing task of survival. You may know people who have had to drop out of college and take a job they really did not want because of financial pressures. According to Erikson, without a chance to explore, to experiment, and to choose among options for the future, these young people may not realize all that they are capable of becoming. Some might even say that the most important part of going to college is not what you learn in class, but what you learn about yourself.

**Determining an Adolescent’s Identity Status**

Psychologists use the term identity status to refer to the point in the identity development process that characterizes an adolescent at a given time (Côté, in press). Most researchers who study identity development this way use an approach developed by James Marcia (1966), which focuses on identity exploration in three areas—work, ideology (values and beliefs), and relationships. Based on responses to an interview or...
questionnaire, individuals are rated on two dimensions: (1) the degree to which they have made commitments and (2) the degree to which they engaged in a sustained search in the process. Researchers then assign individuals to one of four categories: identity achievement (after a period of exploration, the individual has established a coherent sense of identity); moratorium (the individual is in the midst of a period of crisis and experimentation); identity foreclosure (the individual has made commitments but without a period of crisis or experimentation); and identity diffusion (the individual does not have firm commitments and is not currently trying to make them). (See Figure 15.1.)

Generally speaking, research employing this approach has supported many aspects of Erikson’s theory (Meeus et al., 1999). Identity achievers score highest on measures of achievement motivation, moral reasoning, intimacy with peers, reflectiveness, and career maturity. Individuals in the moratorium category score highest on measures of anxiety, show the highest levels of conflict over issues of authority, and do not have a firm set of values and beliefs. Individuals in the foreclosure group are the most authoritarian and most prejudiced, have the highest need for social approval and the lowest level of autonomy, and are especially close to their parents. Individuals in a state of identity diffusion display the most psychological and interpersonal problems, are the most socially withdrawn, and report the lowest level of intimacy with peers (Adams, Gullotta, & Montemayor, 1992).

The Development of Ethnic Identity

For adolescents who are not part of the majority culture, integrating a sense of ethnic identity into their overall sense of personal identity is an important task of late adolescence, perhaps as important as establishing a coherent occupational, ideological, or interpersonal identity (Fuligni et al., in press; Newman, 2005; Phinney & Alipuria, 1987). Over the past two decades, the process through which ethnic identity develops has received a great deal of research attention, as has the link between ethnic identity and psychological adjustment. Ethnic identity has been studied in samples of African American, Hispanic American, American Indian, Asian American, and Caucasian youth (Spencer & Markstrom-Adams, 1990). In America, Caucasian youth generally have a weaker sense of ethnic identity than their non-Caucasian peers, but many Caucasian adolescents identify strongly with a particular ethnic group (e.g., German, Irish, Italian, Jewish) and derive part of their overall sense of self from this identification (Martinez & Dukes, 1997; Roberts et al., 1999).

The process of ethnic identity development follows the general process of identity development: An event or series of events makes the adolescent realize that others see him as “different,” which upsets the unquestioning view he had of himself as a child (Cross, 1978; Kim, 1981, cited in Phinney & Alipuria, 1987). As a result of the crisis, the individual may become immersed in his or her own ethnic group and may turn against the majority culture. Eventually, as the value of having a strong ethnic identity becomes clear, the adolescent establishes a more coherent sense of self that includes this ethnic identity, and with growing confidence he or she attempts to help others deal with their own struggles with similar issues. Consistent with this, a recent study of ethnic identity development found that inner-city adolescents’ feelings about their own ethnic group became more positive during both early and middle adolescence (when ethnic identity first becomes salient and individuals become immersed in their
own culture) but that actual identity exploration did not really begin until middle adolescence (French et al., 2006).

Do members of ethnic minorities have more difficulty than Caucasian adolescents in resolving the identity crisis? The little research that has been done suggests more similarities than differences. One difference, though, appears to be quite important, if maybe unsurprising: Having a strong ethnic identity is associated with higher self-esteem, stronger feelings of self-efficacy, and better mental health among minority youngsters, whereas the link between ethnic identity and psychological functioning is weaker among Caucasian youth (DuBois et al., 2002; Martinez & Dukes, 1997).

As many writers have noted, however, developing a coherent sense of identity is much more complicated for minority adolescents than for their majority counterparts (Spencer & Dornbusch, 1990). Because identity development is so influenced by the social context in which the adolescent lives, the development of minority adolescents must be understood in relation to the specific context in which they grow up (Garcia Coll et al., 1996). All too often, this context includes racial stereotypes, discrimination, and mixed messages about the costs and benefits of identifying too closely with the majority culture.

According to psychologist Jean Phinney, an expert on this issue, minority youth have four possibilities open to them for dealing with their ethnicity: assimilation (i.e., adopting the majority culture’s norms and standards while rejecting those of one’s own group); marginality (i.e., living within the majority culture but feeling estranged and outcast); separation (i.e., associating only with members of one’s own culture and rejecting the majority culture); and biculturalism (i.e., maintaining ties to both the majority and the minority cultures) (Phinney et al., 1994).

Advice on which of these paths is most preferable has changed considerably. In the past, minority youth were encouraged, at least by majority society, to assimilate as much as possible. Assimilation, however, has not proven to be as simple as many nonminority individuals imagine (Gil, Vega, & Dimas, 1994). First, although minority youth are told to assimilate, they may be nonetheless excluded from majority society because of their physical appearance or language (Vega et al., 1995). This leads to a situation of marginality, in which the minority youth is on the edge of majority society but is never really accepted as a full-status member.

Second, minority youth who do attempt to assimilate are often scorned by their own communities for trying to “act white.” Partly in reaction to this, many minority youth in predominantly Caucasian schools adopt strategies of separation and biculturalism, especially as they get older (Hamm & Coleman, 2001). This is particularly common among African American adolescents, who are often the victims of intense discrimination and prejudice (Sellers et al., 2006; Spencer, 2005). (See Figure 15.2.)

A few studies have compared the ethnic identity orientations of Asian American, African American, Hispanic American, and Caucasian adolescents. In one such study (Rotherham-Borus, 1990), as expected, Caucasian youngsters were more likely to characterize themselves as assimilated (or “mainstream”) than were minority students, who were more likely to characterize themselves as bicultural (between 40% and 50%) than as either assimilated or embedded solely within their ethnic group (separated). African American and Puerto Rican adolescents are relatively more likely to be ethnically embedded, whereas Mexican American and Asian American adolescents are more likely to be bicultural (e.g., Phinney et al., 1994). In general, positive mental health among ethnic minority adolescents is associated with having a strong and posi-
Changes in Self-Esteem

Researchers interested in identity development have also studied self-esteem in adolescence, although studies have not yielded consistent findings. Some studies find that individuals’ feelings about themselves decline over the course of adolescence (e.g., Jacobs et al., 2002), but others find that they increase (Cole et al., 2001). In general, however, changes in self-perceptions (whether positive or negative) are greater during early adolescence than during middle or late adolescence; from middle adolescence through young adulthood self-esteem either remains at about the same level or increases (Harter, 1998).

More specifically, fluctuations in adolescents’ self-image are most likely to occur between the ages of twelve and fourteen. Compared with older adolescents (fifteen years and older) and with preadolescents (eight to eleven years old), early adolescents are more self-conscious and have a more unstable self-image than other youngsters (see Figure 15.3). Younger adolescents are also more prone to feel ashamed than older individuals, which may result from and contribute to their heightened self-consciousness (Reimer, 1996).
Generally speaking, the small but reliable differences between the preadolescents and the early adolescents are greater than those between the younger and the older adolescents, which indicates that the most marked fluctuations in self-image occur during the transition into adolescence, rather than over the course of adolescence itself (Simmons, Rosenberg, & Rosenberg, 1973). As you will read in the next section, early adolescence is also the time of the most dramatic changes in family relationships. (For a summary of this section, see “Interim Summary 15.2: Developing an Independent Identity.”)

**INTERIM SUMMARY 15.2**

**Developing an Independent Identity**

**Erikson’s Theoretical Framework**
- Erikson believed that resolving the crisis of identity versus identity diffusion is the chief psychological task of adolescence.
- Erikson believed that the complications inherent in identity development in modern society have created the need for a psychological moratorium—a “time-out” during adolescence from responsibilities and obligations that might restrict the young person’s pursuit of self-discovery.
- During this moratorium, adolescents can experiment with different roles and identities in a context that permits and encourages this sort of explanation.

**Determining an Adolescent’s Identity Status**
- The term identity status refers to the point in the identity development process that characterizes an adolescent at a given time.
- Most researchers who study development this way use an approach that focuses on identity exploration in three areas—work, ideology, and relationships.
- Based on responses to an interview or questionnaire, individuals are assigned to one of four categories: identity achievement, moratorium, identity foreclosure, or identity diffusion.

**The Development of Ethnic Identity**
- For adolescents who are not part of the majority culture, integrating a sense of ethnic identity into their overall sense of personal identity is an important task of adolescence.
- Having a strong ethnic identity is associated with higher self-esteem, stronger feelings of self-efficacy, and better mental health among minority youngsters, whereas the link between ethnic identity and psychological functioning is weaker among Caucasian youth.
- According to one model, minority youth have four possibilities open to them for dealing with their ethnicity within the context of the larger society: assimilating, remaining marginal, separating, and becoming bicultural.
- In general, positive mental health among ethnic minority adolescents is associated with having a strong and positive ethnic identity, but not with outright rejection of the mainstream culture.

**Changes in Self-Esteem**
- Some studies find that individuals’ feelings about themselves become more negative over the course of adolescence, but others find that they increase.
- Compared with older adolescents and with preadolescents, early adolescents are more self-conscious and have a more unstable self-image.
FAMILY RELATIONSHIPS IN ADOLESCENCE

Have you ever noticed that your relationships with others sometimes alternate between periods when things are very smooth and predictable and times when they are not? The same is true in families. Not surprisingly, relationships in families change most dramatically when individual family members or the family’s circumstances are changing, since that’s when the family’s previously established equilibrium will be upset. One period in which family relationships often become unstable is adolescence. A study of interactions between adolescent boys and their parents found that the peak time for this disequilibrium was around ages thirteen and fourteen. The researchers speculate that, because some of this transformation may be driven by puberty, in families with girls, this “disequilibrium” is more likely to occur earlier, around eleven or twelve (Granic et al., 2003).

Adolescents’ Relationships with Parents

In most families, there is a shift during adolescence away from patterns of influence and interaction that are unequal to ones in which parents and their adolescent children are on more equal footing (Collins & Laursen, in press). And some evidence indicates that early adolescence—when this shift first begins—may be a time of temporary disruption in the family system. In particular, studies of family interaction suggest that in early adolescence, young people begin to try to play a more forceful role in the family but their parents may not yet acknowledge the adolescents’ input. As a result, young adolescents may interrupt their parents more often but have little impact. By middle adolescence, however, teenagers act and are treated much more like adults. They have more influence over family decisions, but they do not need to assert their opinions through interruptions and similarly immature behavior (Grotevant, 1997).

To adapt to the changes triggered by the child’s entrance into adolescence, family members must have some shared sense of what they are experiencing and how they are changing. Yet in many families parents and children live in “separate realities,” perceiving their day-to-day experiences in very different ways (Larson & Richards, 1994). Suppose that a mother and son have a conversation about the boy’s schoolwork. She may experience the conversation as a serious discussion, while he may perceive it as an argument. One interesting finding to emerge from recent research on brain maturation in adolescence is that young adolescents may be especially sensitive—perhaps even overreactive—to the emotional signals transmitted by others. A parent may speak to an adolescent in a serious voice, but the adolescent may experience it as anger (Nelson et al., 2005).

Several researchers have studied how the sorts of changes in cognitive abilities you read about in “Cognitive Development in Adolescence” may reverberate throughout the family. Early adolescence is a time of changes in youngsters’ views of family relationships and in family members’ expectations of one another (Lanz et al., 2001). For example, one study asked adolescents of different ages to compare their actual family with their view of an ideal one in terms of how close and dominant different family members were (Feldman & Gehring, 1988). With age, the gap between adolescents’ actual and ideal portraits widened, indicating that as they became older, adolescents became more aware of their families’ shortcomings.

Although adolescence is a time of transformation in family relationships for the majority of households, some families adapt more successfully than others to this
challenge. In several studies, families have been asked to discuss a problem together, and their interaction is taped and later analyzed. Researchers have found that families with psychologically competent teenagers interact in ways that permit family members to express their autonomy and individuality while remaining attached, or connected, to other family members (Grotevant, 1997). In these families, verbal give-and-take is the norm, and adolescents (as well as parents) are encouraged to express their own opinions, even if this sometimes leads to disagreements. At the same time, however, the importance of maintaining close relationships in the family is emphasized, and individuals are encouraged to consider how their actions may affect other family members (Rueter & Conger, 1995a, 1995b). Indeed, adolescents who are permitted to assert their own opinions within a family context that is secure and loving develop higher self-esteem and more mature coping abilities. Adolescents whose autonomy is stifled are at risk for developing feelings of depression and low self-esteem, whereas those who do not feel connected are at risk for behavior problems (Barber, 1996). These studies remind us that it is important to distinguish between separating from one’s parents in a way that nevertheless maintains emotional closeness in the relationship (which is healthy) versus breaking away from one’s parents in a fashion that leads to alienation, conflict, and hostility (which is unhealthy) (Beyers et al., 2003).

Adolescents’ Relationships with Siblings

Far more is known about adolescents’ relations with their parents than about their relations with brothers and sisters. In general, sibling relationships during adolescence have characteristics that set them apart from other family relationships (such as those between adolescents and their parents) as well as from relationships with peers (such as those between adolescents and their close friends) (East, in press; Furman & Buhrmester, 1985; Raffaelli & Larson, 1987). Adolescents rate their sibling relationships as similar to those with their parents in companionship and importance, but as more like friendships with respect to power, assistance, and their satisfaction with the relationship.

Young adolescents often have emotionally charged relationships with siblings that are marked by conflict and rivalry, but also by nurturance and support (Lempers & Clark-Lempers 1992). Conflict between siblings increases as children mature from childhood to early adolescence (Brody, Stoneman, & McCoy, 1994), with adolescents reporting more negativity in their sibling relationships compared with their relationships with peers (Buhrmester & Furman 1990) and less effective conflict resolution than with their parents (Tucker, McHale, & Crouter, 2003). Over the course of adolescence, adolescents’ relationships with siblings, and especially with younger siblings, become more egalitarian but more distant and less emotionally intense (Buhrmester & Furman, 1990; Cole & Kerns, 2001). Fortunately, sibling relationships improve as individuals leave adolescence and move into young adulthood, perhaps because they are less likely to compete with each other for resources or attention (Scharf, Shulman, & Avigad-Spitz, 2005).

There are important links among parent-child, sibling, and peer relations in adolescence. In fact, it is helpful to think of the adolescent’s interpersonal world as consisting of a web of interconnected relationships rather than a set of separate ones. Having a positive parent-adolescent relationship is associated with less sibling conflict and a more positive sibling relationship (e.g., Hetherington, Henderson, & Reiss, 1999). In contrast, adolescents who experience parental rejection and negativity are more likely to fight with their siblings.

Similarly, children and adolescents learn much about social relationships from sibling interactions, and they transfer this knowledge and experience to friendships outside the family (Brody et al., 1994; Updegraff, McHale, & Crouter, 2000). In poorly functioning families, aggressive interchanges between unsupervised siblings may provide a training ground within which adolescents learn, practice, and perfect ag-
gressive behavior (Snyder, Bank, & Burraston, 2005). The reverse is true as well—the quality of adolescents’ relationships with their friends, for better or worse, influences how they interact with their siblings (Kramer & Kowal, 2005).

The quality of the sibling relationship also affects adolescents’ adjustment (Stocker, Burwell, & Briggs, 2002). Positive sibling relationships contribute to school success, sociability, autonomy, and self-esteem (e.g., Hetherington et al., 1999; Yeh & Lempers, 2004). Having a close sibling relationship can partially buffer the negative effects of not having friends in school (East & Rook, 1992), and siblings can serve as sources of advice and guidance (Kramer & Kowal, 2005; Tucker, McHale, & Crouter, 2001). Of course, siblings can influence the development of problems as well (Bank, Burraston, & Snyder, 2004; Conger, Conger, & Scaramella, 1997). For example, siblings influence each other’s drug use and antisocial behavior (Ardelt & Day, 2002; Bullock & Dishion, 2002; Rowe et al., 1989). And, younger sisters of childbearing adolescents are more likely to engage in early sexual activity and to become pregnant during adolescence themselves (East & Jacobson, 2001).

Although the family is certainly an important influence on adolescent development, another context—the peer group—takes on new and special significance in this stage of life. (For a summary of this section, see “Interim Summary 15.3: Family Relationships in Adolescence.”)

PEER RELATIONSHIPS IN ADOLESCENCE

A visit to an elementary school playground will reveal that peer groups are an important feature of the social world of childhood. But even though peer groups exist well before adolescence, during the teenage years they change in significance and structure. Four specific developments stand out.

First, there is a sharp increase during adolescence in the sheer amount of time individuals spend with their peers and in the relative time they spend with peers versus

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**INTERIM SUMMARY 15.3**

**Family Relationships in Adolescence**

**Adolescents’ Relationships with Parents**
- In most families, there is a shift in adolescence away from patterns of influence and interaction that are unequal to ones in which parents and their adolescent children are on more equal footing.
- Early adolescence is a time of changes in youngsters’ views of family relationships and in family members’ expectations of each other.
- It is important to distinguish between separating from one’s parents in a way that maintains emotional closeness in the relationship, versus breaking away from in a fashion that leads to alienation, conflict, and hostility.

**Adolescents’ Relationships with Siblings**
- Sibling relationships in adolescence differ both from other family relationships and from relationships with friends.
- Young adolescents have emotionally charged relationships with siblings that are marked by conflict and rivalry but also by nurturance and support. Over the course of adolescence, adolescents’ relationships with siblings become more egalitarian but more distant and less emotionally intense.
- Having a positive parent-adolescent relationship is associated with less sibling conflict and a more positive sibling relationship.
- The quality of sibling relationships also affects adolescents’ adjustment, in both positive and negative ways.
adults. If we count school as a setting in which adolescents are mainly with age-mates, well over half of the typical American adolescent’s waking hours are spent with peers; only 15 percent of their time is with adults—including their parents. (A good deal of the remaining time is spent alone or with a combination of adults and age-mates.) When asked to list the people in their life who are most important to them, nearly half the people adolescents mention are people of the same age. By sixth grade, adults other than parents account for less than 25 percent of the typical adolescent’s social network—the people he or she interacts with most regularly (Brown, 1990).

Second, during adolescence, peer groups function much more often without adult supervision than they do during childhood, partly because adolescents are simply more mobile than children but partly because adolescents seek, and are granted, more independence (Brown, 1990). Groups of younger children typically play where adults are present, or in activities that are organized or supervised by adults (e.g., Little League, Youth Soccer, Brownies), whereas adolescents spend more time on their own. A group of teenagers may go off to the mall or to the movies, or will choose to congregate at the home of someone whose parents are not around.

Third, adolescents have increasingly more contact with opposite-sex friends. During childhood, peer groups are highly sex segregated. This is especially true of children’s peer activities in school and other settings organized by adults, although somewhat less so of their more informal activities, such as neighborhood play (Maccoby, 1990). During adolescence, however, a growing proportion of an individual’s significant others are opposite-sex peers, even in public settings (Brown & Larson, in press). Part of this is due to the emergence of romantic relationships, but part is due to an increase in nonromantic friendships with other-sex peers.

Finally, whereas children’s peer relationships are limited mainly to pairs of friends and relatively small groups—three or four children at a time, for example—adolescence marks the emergence of larger collectives. In junior high school cafeterias, for example, the “popular” crowd sits in one section of the room, the “brains” in another, and the “druggies” in yet a third (see Eder, 1985). These crowds typically develop their own minicultures, which dictate particular styles of dressing, talking, and behaving. It is not until early adolescence that individuals can confidently list the different crowds that characterize their schools and reliably describe the stereotypes that distinguish the different crowds from one another (Brown, Mory, & Kinney, 1994). (Movies like The Breakfast Club or Heathers illustrate this nicely.)

**Cliques and Crowds**

It is helpful to think of adolescents’ peer groups as organized around two related, but different, structures (Brown & Larson, in press). A **clique** is a small group of between two and twelve individuals—the average is about five or six—generally of the same sex, and, of course, the same age. Cliques can be defined by common activities (e.g., the “drama” group, a group of students who study together regularly) or simply by friendship (e.g., a group of girls who have lunch together every day or a group of boys who have known one another for a long time). The clique is the social setting in which adolescents hang out, talk to each other, and form close friendships. Some cliques are more closed to outsiders than others (i.e., the members are, well, “cliquish”), but virtually all cliques are small enough so that the members feel that they know one another well and appreciate one another more than people outside the clique do (Brown & Larson, in press).

Adolescents’ cliques are usually composed of individuals who are in the same grade in school, from the same social class, and of the same race, in part because cliques usually develop in schools or neighborhoods, which are often race segregated or class segregated. But what about factors beyond these? Do members of a clique also share certain interests and attitudes? Generally speaking, they do. Three factors appear to be especially important in determining adolescent clique membership and friendship...
patterns: orientation toward school, orientation toward the teen culture, and involvement in antisocial activity (Crosnoe & Needham, 2004). Adolescents who don’t care much about doing well in school and who would rather spend time drinking and doing drugs usually have friends who feel the same way, whereas “nerds of a feather” usually flock together.

Cliques are quite different in structure and purpose than crowds. Membership in a clique is based mainly on shared activity and friendship. In contemporary American high schools, typical crowds are “jocks,” “brains,” “nerds,” “populars,” “druggies,” and so on. The labels for these crowds may vary from school to school (“nerds” versus “geeks,” “populars” versus “preps”), but their presence is commonplace, at least in the United States and Canada. (Can you recall the main crowds that existed in your high school?) In contrast to cliques, crowds are not settings for adolescents’ intimate interactions or friendships but, instead, serve three broad purposes: to locate adolescents (to themselves and to others) within the social structure of the school, to channel adolescents into associations with some peers and away from others, and to provide contexts that reward certain lifestyles and discourage others (Brown & Larson, in press). According to recent estimates, close to half of high school students are associated with one crowd, about one-third are associated with two or more crowds, and about one-sixth do not clearly fit into any crowd (Brown & Larson, in press).

In concrete terms—and perhaps ironically—an adolescent does not have to actually have “brains” as friends, or to hang around with “brainy” students, to be one of the “brains.” If he dresses like a “brain,” acts like a “brain,” and takes honors courses, then he is a “brain,” at least as far as his crowd membership goes. The fact that crowd membership is based on reputation and stereotype can be very difficult for individual adolescents, who—if they do not change their reputation early on in high school—may find themselves stuck, at least in the eyes of their peers, with a label that they do not wish to have (or that they do not see themselves as deserving) (Brown et al., 1992).

Crowds are not simply clusters of cliques; the two different structures serve entirely different purposes. Because the clique is based on activity and friendship, it is the im-

**crowd** A large, loosely organized group of young people, composed of several cliques and typically organized around a common shared activity.
portant setting in which the adolescent learns social skills—how to be a good friend
to someone else, how to communicate with others effectively, how to be a leader, how
to enjoy someone else’s company, or even how to break off a friendship that is no
longer satisfying. These and other social skills are important in adulthood as well as
in adolescence. In contrast, because crowds are based on reputation and stereotype,
and not interaction, they probably contribute more to the adolescent’s sense of iden-
tity and self-conceptions—for better and for worse—than to his or her actual social
development.

Because the adolescent’s peer group plays such an important role as a source of
identity, the nature of the crowd with which an adolescent affiliates can have an im-
portant influence on his or her behavior and activities (Prinstein & La Greca, 2002).
Although most adolescents feel pressure from their friends to behave in ways that
are consistent with their crowd’s values and goals, the specific nature of the pressure
varies from one crowd to another. Adolescents who are part of the “druggie” crowd
report much more peer pressure to engage in misconduct, for example, than do ado-
lescents from the “jock” crowd (Clasen & Brown, 1985).

Crowd membership can also affect the way adolescents feel about themselves. Ado-
lescents’ self-esteem is higher among students who are identified with peer groups
that have relatively more status in their school. In one high school, in which the
“jocks” and “socios” were highest in status, and the “druggies” and “toughs” were
lowest, students who were identified with the higher-status groups had higher self-
estee than did those who were identified with the lower-status groups (Brown &
Lohr, 1987). Another study found that over the course of adolescence, symptoms
of psychological distress declined among the “populars” and “jocks,” but increased
among the “brains” (Prinstein & La Greca, 2002). Of course, the longer-term conse-
quences of crowd membership during adolescence is not necessarily the same as its
immediate impact. One study of the young adult outcomes of high school crowd mem-
bership found that “brains,” as well as “jocks,” showed the most favorable patterns of
psychological adjustment over time (Barber, Eccles, & Stone, 2001). Not surprisingly,
individuals who had been members of antisocial crowds fared the worst.

**Responding to Peer Pressure**

As adolescents come to spend more time outside the family, the opinions and advice of
others—not only peers but adults as well—become more important. Adolescents are
often portrayed as being extremely susceptible to the influence of peers—more so than
children or young adults—and as being stubbornly resistant to the influence of their
parents. Is peer pressure really more potent, and parental influence much weaker, dur-
ing adolescence than during other stages?

Researchers have looked at this question by putting adolescents in situations in
which they must choose either between the pressures of their parents and the pres-
ures of their peers or between their own wishes and those of others. In a typical study
of this sort, an adolescent might be told to imagine that he and his friends discover
something that looks suspicious on the way home from school. His friends tell him
that they should keep it a secret. But the adolescent in the imaginary scenario tells his
mother about it, and she advises him to report it to the police. The adolescent study
participant then would be asked by the researcher to say what he would do.

In general, studies that contrast parents’ and peers’ influences indicate that it is hard
to generalize about who is more important. In some situations, peers’ opinions are
more influential, but in others situations, parents’ opinions matter more. Adolescents
are more likely to conform to their peers when it comes to short-term, day-to-day, and
social matters—styles of dress, tastes in music, choices among leisure activities, and
so on. This is particularly true during junior high school and the early years of high
school. Teenagers are primarily influenced by their parents, however, when it comes to
long-term questions concerning educational or occupational plans, or to questions of values, religious beliefs, or ethics (Steinberg, 2008).

Researchers also have studied how adolescents respond when placed between the pressure of their friends and their own opinions of what to do (McElhaney et al., in press). An adolescent might be asked whether she would go along with her friends’ pressure to shoplift, even if she did not want to do so (Berndt, 1979). The age pattern found in these studies depends on the type of behavior under pressure. In particular, conformity to peer pressure to do something antisocial is higher during early and middle adolescence (it peaks around age fourteen) than before or after (Berndt, 1979; Steinberg & Silverberg, 1986). But when peer pressure is not specifically to do something wrong—for instance, pressure simply to change one’s opinion about music or clothing—studies find that individuals’ ability to stand up to the influence of their friends increases steadily during adolescence, most sharply between fourteen and eighteen (Steinberg & Monahan, 2007).

Although conformity to peer pressure is greater during early adolescence than later, it is not exactly clear just why this is so. One possibility is that adolescents are more susceptible to peer influence during this time because of their heightened orientation toward the peer group. Because they care more about what their friends think of them, they are more likely to go along with the crowd to avoid being rejected (Brown, Clasen, & Eicher, 1986). It is possible that this heightened conformity to peer pressure during early adolescence is a sign of a sort of emotional “way station” between becoming emotionally autonomous from parents and developing an independent sense of identity (Collins & Steinberg, 2006). In other words, the adolescent may become emotionally autonomous from parents before he or she is emotionally ready for this degree of independence and may turn to peers to fill this void.

Popularity and Rejection in Adolescent Peer Groups

Thus far, our discussion has focused on how and why crowds and cliques serve as the basis for adolescents’ social activities and self-conceptions. But what about the internal structure of peer groups? Within a clique or a crowd, what determines which adolescents are popular and which ones are disliked?
The main determinant of a youngster’s popularity during adolescence is his or her social competence. Popular adolescents act appropriately in the eyes of their peers, are skilled at perceiving and meeting the needs of others, and are confident without being conceited. Because of their social skill, popular adolescents also are good at adjusting their behavior to maintain their favored social standing when peer group norms change; if, for instance, smoking marijuana becomes something that is valued by the peer group, popular adolescents will start getting high more regularly (Allen et al., 2005). Although many determinants of popularity are common across cultures (e.g., having a good sense of humor), some differ. Shyness, for example, which is clearly a social liability in American peer groups, may be an asset in China (Chen, Rubin, & Li, 1995).

What about unpopular adolescents? Social scientists have shown that it is important to distinguish among three types of adolescents who are disliked by their peers (Bierman & Wargo, 1995; Coie et al., 1995; Parkhurst & Asher, 1992). One set is overly aggressive; they are likely to get into fights with other students, are more likely to be involved in antisocial activities, and often are involved in bullying. A second set is withdrawn; these adolescents are exceedingly shy, timid, and inhibited and, actually, are themselves more likely to be the victims of bullying. A third group of unpopular youngsters combine both liabilities: They are aggressive and withdrawn. Like other aggressive youngsters, aggressive-withdrawn children have problems controlling their hostility; but like other withdrawn children, they tend to be nervous about initiating friendships with other adolescents.

Sex Differences in Adolescents’ Friendships

Friendships become closer and more intimate during adolescence, but there are striking sex differences in intimacy. When asked to name the people who are most important to them, adolescent girls—particularly in the middle adolescent years—list more friends than boys do, and girls are more likely to mention intimacy as a defining aspect of close friendship. In interviews, adolescent girls express greater interest in their close friendships, talk more frequently about their intimate conversations with friends, and express greater concern about their friends’ faithfulness and greater anxiety over rejection. Consistent with stereotypes, sitcoms, and stand-up comedy shtick, females place greater emphasis than males do on emotional closeness in their evaluation of romantic partners (Feiring, 1999; Parker et al., 2005). Girls are more likely than boys to make distinctions in the way they treat intimate and nonintimate friends, fight more about relationship issues, and appear to prefer to keep their friendships more exclusive and be less willing to include other classmates in their cliques’ activities (Berndt, 1982).

There also are interesting sex differences in the nature of conflicts between close friends. Boys’ conflicts with their friends are briefer, typically over issues of power and control (e.g., whose turn it is in a game, who gets the last piece of pizza), more likely to escalate into physical aggression, and settled without any explicit effort to do so, often by just “letting
things slide.” Girls’ conflicts, in contrast, are longer, typically about some form of betrayal in the relationship (e.g., breaking a confidence, ignoring the other person), and only resolved when one of the friends apologizes (Raffaeli, 1997).

Although intimacy is a more conscious concern for adolescent girls than for boys, this does not mean that intimacy is absent from boys’ relationships—it just is expressed differently. In general, boys’ friendships are more oriented toward shared activities than toward the explicit satisfaction of emotional needs; hence, the development of intimacy between adolescent males may be a more subtle phenomenon that doesn’t entail a lot of verbal expression (McNelles & Connolly, 1999). A group of adolescent boys might backpack together without much conversation but feel the same degree of closeness as a result of their trip as a group of girls who stayed up all night talking. In addition, the development of close friendships among males may start at a later age than it does among females (generally speaking, girls mature earlier emotionally, as well as physically). There are substantial sex differences in adolescents’ reports of friendship quality at age thirteen, but by eighteen these sex differences are gone (Way & Greene, 2006). (See Figure 15.4.)

The importance of intimacy as a defining feature of close friendship continues to increase throughout early and middle adolescence (Berndt & Perry, 1990; McNelles & Connolly, 1999; Phillipsen, 1999). But an interesting pattern of change occurs around age fourteen. During middle adolescence (between ages thirteen and fifteen), particularly for girls, concerns about loyalty and anxieties over rejection become more pronounced (Berndt & Perry, 1990). Girls show a significant increase in jealousy over their friends’ friends during early adolescence (Parker et al., 2005). Ironically, the relatively greater intimacy enjoyed by girls with their friends compared to boys is both an asset and a liability—girls get the benefits of having confidantes with whom they can easily talk about their problems, but their friendships are more fragile and easily disrupted by betrayal. As a consequence, girls’ friendships on average do not last as long as boys’ do (Benenson & Christakos, 2003). As we’ll see in a later section, some theorists believe that this may also explain why girls are at relatively greater risk for depression than boys.

Dating and Romantic Relationships

In earlier eras, dating during adolescence was not so much a recreational activity (as it is today) but a part of the process of courtship and mate selection. Individuals would date in order to ready themselves for marriage, and unmarried individuals would play the field—under the watchful eyes of chaperones—before settling down (Montgomery, 1996). The function of adolescent dating changed, however, as individuals began to marry later and later—a trend that began in the mid-1950s and continues today (U.S. Bureau of the Census, 2006). (See Figure 15.5.) This, of course, gives adolescent dating a whole new meaning, because today it is clearly divorced from its function in mate selection. Adults continue to regulate and monitor adolescent dating in order to prevent rash or impulsive commitments to early marriage (Laursen & Jensen-Campbell, 1999), but in the minds of most young people, high school dating has little to do with marriage.

Today, the average adolescent begins dating around age thirteen or fourteen, although nearly half of all adolescents have at least one date before they turn twelve (Connolly & McIsaac, in press). By the age of sixteen, more than 90 percent of adolescents of both
sexes have had at least one date, and during the later years of high school, more than half of all students average one or more dates each week (Feiring, 1993). By age eighteen, virtually all adolescents have dated once, and three-fourths have had at least one steady boyfriend or girlfriend (Neemann, Hubbard, & Masten, 1995). Moreover, and contrary to stereotypes of adolescents’ romances as being short-lived, one-fifth of adolescents fourteen or younger, one-third of fifteen- and sixteen-year-olds, and more than half of seventeen- and eighteen-year-olds who are in dating relationships have been dating the same person for nearly a year. Girls tend to become involved with boys who are slightly older, whereas boys tend to become involved with girls who are the same age or younger. Asian American adolescents are less likely than other adolescents to date, but the prevalence of dating at different ages is very similar among African American, Hispanic American, Native American, and Caucasian adolescents (Collins, 2003).

**The Meaning of Dating in Adolescence**

“Dating” can mean a variety of different things, of course, from group activities that bring males and females together (without much actual contact between the sexes); to group dates, in which a group of boys and girls go out jointly (and spend part of the time in couples and part of the time in large groups); to casual dating in couples; to serious involvement with a steady boyfriend or girlfriend. Generally speaking, casual socializing with opposite-sex peers and experiences in mixed-sex groups generally occur before the development of romantic relationships (Connolly & McIsaac, in press).

Even for adolescents with a history of successful and intimate friendships with same- and other-sex peers, the transition into romantic relationships can be difficult. In one recent study, adolescents were asked to discuss social situations they thought were difficult. Themes having to do with communicating with the other sex were mentioned frequently. Many adolescents discussed difficulty in initiating or maintaining conversations, both face-to-face (e.g., “He will think I am an idiot,” “Sometimes you
don’t know, if you’re like sitting with a guy and you’re watching a basketball game or
something, you don’t know if you should start talking or if you should just sit there”) and
on the phone (“I think it is hard to call. After it’s done with, you don’t know how
to get off the phone”). Others mentioned problems in asking people out (“Asking a girl
out on a first date—complete panic!”) or in turning people down (“How about if you
go on a date and you’re really not interested, but he keeps calling?”). Still others noted
problems in making or ending romantic commitments (“You don’t know if you are
going out with someone or if you are just seeing them,” “It is hard to say, ‘so, are we
gonna make a commitment?’” “I avoided [breaking up] for two weeks because I was

The Impact of Dating on Adolescent Development

Does dating have any impact on adolescents’ social and emotional development? Like most influences on development, the impact of dating depends on the context in which it occurs. In this specific case, the “contextual” factor that matters most is the adolescent’s age.

Early and intensive dating—for example, becoming seriously involved before age fifteen—has a somewhat stunting effect on psychosocial development (Neemann et al., 1995) and is associated with increased alcohol use, delinquency, and, not surprisingly, sexual activity (Davies & Windle, 2000). This is probably true for males and females alike, but researchers have focused primarily on girls because boys are less likely to begin serious dating quite so early. Compared with their peers, girls who begin serious dating early are less mature socially, less imaginative, less oriented toward achievement, less happy with who they are and how they look, more depressed, and more superficial—a finding that has been reported consistently for at least forty years (Neemann et al., 1995).

This is not to say that dating is not a valuable interpersonal experience for the adolescent, only that dating may have different effects in early adolescence than in middle and late adolescence (Neemann et al., 1995). Although early involvement in serious romance has its costs, adolescent girls who do not date at all show their own signs of delayed social development, as well as excessive dependency on their parents and feelings of insecurity (Douvan & Adelson, 1966). In contrast, adolescents who date and go to parties regularly are more popular, have a stronger self-image, and report greater acceptance by their friends (Connolly & Johnson, 1993). Stopping or cutting back on dating after having dated heavily is associated with a drop in self-esteem and an increase in depression (Davies & Windle, 2000).

All in all, experts agree that a moderate degree of dating—and delaying serious involvement until age fifteen or so—appears to be the most potentially valuable route. Perhaps adolescents need more time to develop the capacity to be intimate through same-sex friendships and less pressured group activities before they enter intensively into the more highly ritualized relationships that are encouraged through dating.

Regardless of the impact that dating does or doesn’t have on the adolescent’s psychosocial development, studies show that romance has a powerful impact on the adolescent’s emotional state. Adolescents’ real and fantasized romances trigger more of...
their strong emotional feelings during the course of a day (one-third of girls’ strong feelings and one-fourth of boys’) than do family, school, or friends. Although the majority of adolescents’ feelings about their romantic relationships are positive, more than 40 percent are negative, involving feelings of anxiety, anger, jealousy, and depression (Larson, Clore, & Wood, 1999). Adolescents who have entered into a romantic relationship in the past year report more symptoms of depression than do those who have not (Joyner & Udry, 2000), perhaps because many adolescents who are involved romantically also experience breakups during the same time period (Collins, 2003). Breaking up is the single most common trigger of the first episode of major depression, which, as you will read, often occurs for the first time in adolescence (Monroe et al., 1999). (For a summary of this section, see “Interim Summary 15.4: Peer Relationships in Adolescence.”)

**INTERIM SUMMARY 15.4**

**Peer Relationships in Adolescence**

<table>
<thead>
<tr>
<th>Cliques and Crowds</th>
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<tbody>
<tr>
<td>Clques are small groups of between two and twelve individuals, generally of the same sex and age, and are usually composed of individuals who are in the same grade, from the same social class, and of the same race.</td>
</tr>
<tr>
<td>Orientation toward school, orientation toward teen culture, and involvement in antisocial activity are important influences on clique membership.</td>
</tr>
<tr>
<td>Membership in a crowd is based mainly on reputation and stereotype rather than on actual friendship or social interaction.</td>
</tr>
<tr>
<td>Crowds locate adolescents within the social structure of the school, channel adolescents into associations with some peers and away from others, and provide contexts that reward certain lifestyles and discourage others.</td>
</tr>
<tr>
<td>Whereas the clique is important for learning social skills, crowds contribute more to the adolescent’s sense of identity and self-conception.</td>
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<tr>
<th>Responding to Peer Pressure</th>
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<tbody>
<tr>
<td>Adolescents may be especially susceptible to peer pressure because they have a heightened orientation toward the peer group during this time.</td>
</tr>
<tr>
<td>Adolescents are more likely to conform to their peers when it comes to short-term matters such as style of dress and leisure pursuits and to their parents for more long-term questions concerning education or occupational plans.</td>
</tr>
<tr>
<td>Conformity to antisocial peer pressure is higher during early and middle adolescence than before or after. When peer pressure is not specifically to do something wrong, studies find that individuals’ ability to stand up to the influence of their friends increases steadily during adolescence.</td>
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<td>Popular adolescents act appropriately in the eyes of their peers, are skilled at perceiving and meeting the needs of others, and are confident without being conceited.</td>
</tr>
<tr>
<td>Social scientists distinguish between three types of adolescents who are disliked by their peers: those who are overly aggressive, those who are withdrawn, and those who are both aggressive and withdrawn.</td>
</tr>
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(continued)
SOCIOEMOTIONAL PROBLEMS IN ADOLESCENCE

Although the vast majority of young people move through adolescence without experiencing major difficulty, some encounter serious psychological and behavioral problems that disrupt not only their lives but also the lives of those around them. Problems such as substance abuse, delinquency, and depression are not the norm during adolescence, but they do affect a worrisome number of teenagers. In this concluding section of the chapter, we look at some of the problems that are most often associated with adolescence.

Before we begin, though, we need to make some general observations about problems in adolescence that apply to a range of issues.

Some General Observations About Problems in Adolescence

First, let’s distinguish between occasional experimentation and enduring patterns of dangerous or troublesome behavior. Although the vast majority of teenagers do something during adolescence that is against the law, very few of these young people develop criminal careers. Similarly, the majority of adolescents experiment with alcohol sometime before high school graduation, and the majority will have been drunk at least once; but relatively few teenagers will develop drinking problems or will permit alcohol to have a negative impact on their school performance or personal relationships.

Second, there’s a difference between problems that have their origins and onset during adolescence and those that have their roots in earlier periods of development. Many individuals who develop depression during adolescence suffered from other...
types of psychological distress, such as excessive anxiety, as children. In other words, simply because a problem may be displayed during adolescence does not mean that it has adolescent origins.

Third, many of the problems experienced by adolescents are relatively transitory and resolved by the beginning of adulthood, with few long-term repercussions in most cases. The fact that some of the problems of adolescence disappear on their own with time does not make their prevalence during adolescence any less worrisome, but it should be kept in mind when rhetoric is hurled back and forth about the inevitable decline of civilization at the hands of contemporary youth.

Finally, problem behavior during adolescence is virtually never a direct consequence of going through the normative changes of adolescence itself. Popular theories about “raging hormones” causing adolescent craziness have no scientific support whatsoever, for example, nor do the widely held beliefs that problem behaviors are manifestations of an inherent need to rebel against authority, or that bizarre behavior results from having an identity crisis. When a young person exhibits a serious psychosocial problem, such as depression, the worst possible interpretation is that it is a “normal” part of growing up. It is more likely to be a sign that something is wrong (Steinberg, 2008).

Experts on the development and treatment of psychosocial problems during adolescence typically distinguish among three broad categories of problems: substance abuse (which we looked at in the chapter on adolescents’ physical development), externalizing problems, and internalizing problems (Achenbach & Edelbrock, 1987).

To review, an externalizing problem is one in which the young person’s problems are turned outward and are manifested in antisocial behavior—behavior that is intended to harm others or deliberately violates society’s norms. Common externalizing problems during adolescence are delinquency, antisocial aggression, and truancy.

An internalizing problem is one in which the young person’s problems are turned inward and are manifested in emotional and cognitive distress, such as depression, anxiety, or phobia.

**Externalizing Problems**

The most common externalizing problem, and the one that has been most researched, is delinquency, which refers to acts committed by juveniles that violate the law. Both violent crimes (such as assault, rape, robbery, and murder) and property crimes (such as burglary, theft, and arson) increase in frequency between the preadolescent and adolescent years, peak during the late high school years (slightly earlier for property than for violent crimes), and decline during young adulthood. The onset of serious delinquency generally begins between the ages of thirteen and sixteen (Farrington, in press). (See Figure 15.6.)

In general, the earlier an adolescent’s delinquency begins—in particular, if it begins before adolescence—the more likely he or she is to become a chronic offender, to commit serious and violent crimes, and to continue committing crimes as an adult (Farrington, in press). Conversely, the older an adolescent is when the delinquent activity first appears, the less likely criminal behavior will become a lasting problem. For purposes of discussion, therefore, it is helpful to distinguish between youngsters who begin misbehaving before adolescence and those whose delinquent activity first appears during adolescence.

One of the most influential ways of characterizing these two groups of delinquents has been suggested by psychologist Terrie Moffitt (2006), who has distinguished between life-course-persistent offenders and adolescence-limited offenders. The first group demonstrates antisocial behavior before adolescence, is involved in delinquency during adolescence, and is at great risk for continuing criminal activity in adulthood. The second group engages in antisocial behavior only during adolescence.

**Socioemotional Problems in Adolescence**

**externalizing problem** A psychosocial problem that is manifested in a turning of the symptoms outward, as in aggression or delinquency.

**internalizing problem** A psychosocial problem that is manifested in a turning of the symptoms inward, as in depression or anxiety.

**delinquency** Juvenile offending that is processed within the juvenile justice system.

**life-course-persistent offenders** Individuals who begin demonstrating antisocial or aggressive behavior during childhood and continue their antisocial behavior through adolescence and into adulthood (contrast with adolescence-limited offenders).

**adolescence-limited offenders** Antisocial adolescents whose delinquent or violent behavior begins and ends during adolescence (contrast with life-course-persistent offenders).
Experts agree that the causes and the consequences of delinquent behavior that begins during childhood or preadolescence are quite different from those of delinquency that begins—and typically ends—during adolescence (e.g., McCabe et al., 2001).

Youngsters whose externalizing problems begin before adolescence are often psychologically troubled. Most of these individuals are male, many are poor, and a large number come from homes in which divorce has occurred (Farrington, in press). More important, a large and consistent body of research shows that chronic delinquents typically come from disorganized families with hostile, inept, or neglectful parents who have mistreated their children and failed to instill in them proper standards of behavior or the psychological foundations of self-control (Laub & Sampson, 1995).

In addition to family factors, there are individual characteristics that distinguish persistently delinquent youngsters from their peers at a relatively early age. First and most important, children who become delinquent—especially those who engage in violence—have histories of aggressive and antisocial behavior that were identifiable as early as age eight (Brody et al., 2003). It is important to keep in mind, though, that the majority of children who have histories of aggressive behavior problems do not grow up to be delinquent. (If this seems confusing, think about it this way: The majority of delinquents probably have eaten French fries at some point in their childhood, but the majority of children who eat French fries do not grow up to be delinquent.)

Second, studies show that many children who become persistent offenders have problems in self-regulation—they are more impulsive, less able to control their anger, and more likely than their peers to suffer from hyperactivity, or as it is technically known, attention deficit/hyperactivity disorder (ADHD) (Farrington, in press). Although ADHD does not directly cause antisocial behavior, it does elevate the risk for other family and academic problems, which in turn increase the likelihood of an adolescent developing externalizing problems (Nagin & Tremblay, 1999).

Third, children who become chronically delinquent are more likely to score low on standardized tests of intelligence and neuropsychological functioning and to perform poorly in school (Raine et al., 2005). Some of this is due to genetic factors, but some is also due to conditions surrounding their birth and prenatal care. A disproportionate number of persistently violent adolescents were born to poor mothers who abused...
drugs during pregnancy and had medical complications during delivery that likely affected their baby’s neuropsychological and intellectual development (Piquero & Chung, 2001).

In contrast to youngsters who show externalizing problems before adolescence (and who often continue their antisocial behavior into adulthood), those who begin after adolescence do not ordinarily show signs of psychological abnormality or severe family pathology (Moffitt, 1993). Typically, the offenses committed by these youngsters do not develop into serious criminality, and generally speaking, these individuals do not commit serious violations of the law after adolescence (Nagin, Farrington, & Moffitt, 1995).

Although adolescence-limited offenders do not show the same degree of pathology as life-course-persistent offenders, they do have more problems than youth who are not at all delinquent, both during adolescence and in early adulthood. Indeed, one long-term follow-up of individuals who had earlier been classified as life-course-persistent offenders, adolescence-limited offenders, or neither found that as young adults the adolescence-limited offenders had more mental health, substance abuse, and financial problems than individuals who had not been delinquent at all as teenagers (Moffitt et al., 2002). In other words, their delinquent behavior may be limited to adolescence, but they may have other problems that persist into early adulthood.

The two main risk factors for adolescence-limited offending are poor parenting, especially poor monitoring, and affiliation with antisocial peers (Ary et al., 1999; Lacourse, Nagin, & Tremblay, 2003). The first of these (poor parenting) usually leads to the second (hanging around with antisocial peers) (Dishion et al., 1991; Lansford et al., 2003). The role of the peer group in adolescence-limited offending is extremely important. One of the strongest predictors of delinquency and other forms of problem behavior is the amount of time the adolescent spends in unsupervised, unstructured activities with peers—activities like hanging out, driving around, and going to parties.

Internalizing Problems

In some instances, the changes and demands of adolescence may leave a teenager feeling helpless, confused, and pessimistic about the future. Although minor fluctuations in self-esteem during early adolescence are commonplace, it is not normal for adolescents (or adults, for that matter) to feel a prolonged or intense sense of hopelessness or frustration. Such young people are likely to be psychologically depressed and in need of professional help.

Depression

In its mild form, depression is the most common psychological disturbance during adolescence (Graber & Sontag, in press). Although we typically associate depression with feelings of sadness, there are other symptoms that are important signs of the disorder; sadness alone, without any other symptoms, may not indicate depression in the clinical sense of the term. Depression has emotional symptoms, including dejection, decreased enjoyment of pleasurable activities, and low self-esteem. It has cognitive symptoms, such as pessimism and hopelessness, and motivational symptoms, including apathy and boredom. Finally, depression usually has physical symptoms, such as a loss of appetite, difficulty in sleeping, and loss of energy. The symptoms of major depression are the same in adolescence as in adulthood and among males and females, although, as you will read, there are sex differences in the prevalence of the illness (Lewinsohn, Pettit, et al., 2003).

Many people use the term depression imprecisely. It is important to distinguish among depressed mood (feeling sad), depressive syndromes (having multiple symptoms of depression), and depressive disorder (having enough
symptoms to be diagnosed with the illness) (Graber & Sontag, in press). All individuals experience periods of sadness or depressed mood at one time or another; far fewer report a wider range of depressive symptoms. At any one point in time, close to 10 percent of American teenagers report moderate or severe symptoms of depression—about 5 percent have the symptoms of a depressive syndrome, and approximately 3 percent meet formal diagnostic criteria for depressive disorder (Compas, Ey, & Grant, 1993). Some studies estimate that as many as 25 percent of individuals will experience at least one bout of depressive disorder by the end of adolescence (Forbes & Dahl, 2005).

There is a dramatic increase in the prevalence of depressive feelings around the time of puberty; depression is half as common during childhood as it is during adolescence (Avenevoli & Steinberg, 2001). Symptoms of depression increase steadily throughout adolescence, and then start to decline—making late adolescence the period of greatest risk (Wight, Sepulveda, & Aneshensel, 2004). There are ethnic differences in the prevalence of depression during adolescence, with significantly more Mexican American teenagers reporting depressive symptoms than their Caucasian, African American, or Asian American peers, especially within samples of girls (Siegel et al., 1998). At this point it is not known why this is or whether similar patterns are found when the Hispanic comparison group is drawn from other subpopulations (e.g., Puerto Rican or Dominican adolescents). Individuals who develop internalizing disorders such as depression and anxiety in adolescence are at elevated risk to suffer from these problems as adults (Lewinsohn, Rhode, et al., 2003; Pine et al., 1998).

A variety of theories have been proposed to account for the onset of depression and other types of internalizing problems during adolescence. The current consensus is that internalizing problems result from interacting environmental conditions and individual predispositions rather than either alone. Today, most experts endorse a diathesis-stress model of depression, which posits depression may occur when individuals who are predisposed toward internalizing problems (the term diathesis refers to this predisposition) are exposed to chronic or acute stressors that precipitate a depressive reaction (Hilsman & Garber, 1995; Lewinsohn, Joiner, & Rohde, 2001). Individuals without the diathesis—who are not predisposed toward depression—are able to withstand a great deal of stress, for instance, without developing any psychological problems. Other individuals, who have strong predispositions toward the disorder, may become depressed in the face of stressful circumstances that most of us would consider to be normal. Research on depression in adolescence has focused both on the diathesis and the stress. Two categories of predispositions have received the most attention. First, because depression has been found to have a strong genetic component, it is believed that at least some of the predisposition is biological and may be related to problematic patterns of neuroendocrine functioning (neuroendocrine refers to hormonal activity in the brain and nervous system). As you read in “Nature with Nurture,” scientists have discovered that abnormalities in one gene, in particular, may make some individuals more likely to develop depression in the face of stress (Caspi et al., 2003).

Other researchers have focused more on the cognitive style of depressed individuals, suggesting that people with tendencies toward hopelessness, pessimism, and self-blame are more likely to interpret events in their lives in ways that make them depressed—to them, the proverbial glass is always half-empty (Prinstein & Aikins, 2004; Robinson, Garber, & Hilsman, 1995). These sorts of cognitive sets, which may be linked to the ways in which children think they are viewed by parents, and later by peers, develop during childhood and are thought to play a role in the onset of depression during adolescence (Cole & Jordan, 1995; Nolen-Hoeksema, Girgus, & Seligman, 1992).

Researchers who have been more concerned with the stress component of the diathesis-stress model—that is, with environmental influences on depression—have focused on three broad sets of stressors (Lewinsohn, Rohde, & Seeley, 1994). First, depression is more common among adolescents from families characterized by high
conflict and low cohesion, and it is higher among adolescents from divorced homes. Second, depression is more prevalent among adolescents who are unpopular or who have poor peer relations. Third, depressed adolescents report more chronic and acute stress than nondepressed adolescents do. There is also evidence that academic difficulties are correlated with depression, especially among adolescents from Asian and also affluent families, who place a good deal of emphasis on achievement (Chan, 1997; Greenberger et al., 2000; Luthar & Becker, 2002).

You read earlier that the prevalence of depression rises during adolescence. Can diathesis-stress models of depression account for this increase? For the most part, they can. Biological theorists can point to the hormonal changes of puberty; as you read in “Physical Development in Adolescence,” one of the effects of pubertal hormones is to make individuals more sensitive to stress (Walker, Sabuwalla, & Huot, 2004). Many studies show that the increase in depression in adolescence is more closely linked to puberty than age (Graber & Sontag, in press), although it is difficult to pinpoint puberty as the cause of the problem, since many other changes typically occur around the same time (e.g., the transition out of elementary school). Cognitive theorists can point to the onset of hypothetical thinking at adolescence, which may result in new (and perhaps potentially more depressing) ways of viewing the world (Keating, 2004). And theorists who emphasize environmental factors draw attention to the new environmental demands of adolescence, such as changing schools, beginning to date, or coping with transformations in family relationships—all of which may lead to heightened stress (Graber, 2004). Thus, there are many reasons to expect that the prevalence of depression would increase as individuals pass from childhood into adolescence.

Sex Differences in Rates of Depression

One of the most consistent findings to emerge in the study of adolescent depression involves the emergence of a very large sex difference in rates of depression in early adolescence. Before adolescence, boys are somewhat more likely to exhibit depressive symptoms than girls, but after puberty the sex difference in prevalence of depression reverses. From early adolescence until very late in adulthood, twice as many females as males suffer from depressive disorder, and females are somewhat more likely than males to report depressed mood (Compas et al., 1997). The increased risk for depression among girls emerges during puberty, rather than at a particular age or grade in school (Angold, Costello, & Worthman, 1998). Although sex differences in major depression persist beyond adolescence, both sexes report less depression in their midtwenties than late teens, but the decline is steeper among females, which results in a smaller sex difference (Galambos, Barker, & Krahn, 2006; Stoolmiller, Kim, & Capaldi, 2005).

Psychologists do not have a certain explanation for the emergence of sex differences in depressive disorder at adolescence. Although the association of depression with puberty suggests a biological explanation, there actually is little evidence that the sex difference in depression is directly attributable to sex differences in hormones (Rutter & Garmezy, 1983). Instead, four main explanations have received scientific support.

First, the emergence of sex differences in depression seems to have something to do with the social role that the adolescent girl may find herself in as she enters the world of boy-girl relationships (Wichstrom, 1999). As you’ve read, this role may bring heightened self-consciousness over one’s physical appearance and increased concern over popularity with peers. Since many of these feelings may provoke helplessness, hopelessness, and anxiety, adolescent girls may be more susceptible to depressive feelings. Consistent with this, studies show that depression in girls is significantly correlated with having a poor body image (Wichstrom, 1999).

Second, early adolescence is generally a more stressful time for girls than boys (Rudolph & Hammen, 1999). This is because the bodily changes of puberty, especially
when they occur early in adolescence, are more likely to be stressful for girls; because girls are more likely than boys to experience multiple stressors at the same time (e.g., going through puberty while making the transition into junior high school); and because girls are likely to experience more stressful life events than boys, such as sexual victimization (Graber & Sontag, in press, 2004).

Third, girls are more likely than boys to react to stress by turning their feelings inward—for instance, by ruminating about the problem and feeling helpless—whereas boys are more likely to respond either by distracting themselves or by turning their feelings outward, in aggressive behavior or in drug and alcohol abuse (Sethi & Nolen-Hoeksema, 1997). As a result, even when exposed to the same degree of stress, girls are more likely to respond to the stressors by becoming depressed (Rudolph & Hammen, 1999).

A final explanation emphasizes girls’ generally greater orientation toward and sensitivity to interpersonal relations, which we noted earlier in our discussion of intimacy in adolescent friendships (Cyranowski & Frank, 2000). Females may invest more in their close relationships than males, but this may make them more distressed by interpersonal difficulties and breakups. Because adolescence is a time of many changes in relationships—in the family, with friends, and with romantic partners—the capacity of females to invest heavily in their relationships with others may be both a strength and a potential vulnerability.

Suicide

According to recent national surveys, in any given year more than 10 percent of American female high school students and more than 6 percent of males attempt suicide; about one-third of these attempts are serious enough to require treatment by a physician or nurse. A much larger proportion—close to 20 percent—think about killing themselves (referred to as suicidal ideation), and the vast majority of these have gone so far as to make a plan (Centers for Disease Control and Prevention, 2006). Suicidal ideation increases during early adolescence, peaks around age fifteen, and then declines (Rueter & Kwon, 2005). (See Figure 15.7.) Adolescents who attempt to kill themselves usually have made appeals for help and have tried but have not found emotional support from family or friends. They report feeling trapped, lonely, worthless, and hopeless (Kidd, 2004).

The most common method of suicide among adolescents is with a firearm, followed by hanging. Drug overdoses and carbon monoxide poisoning are also common (Judge & Billick, 2004). The suicide rate is highest among American Indian and Alaskan Native adolescents and lowest among African Americans; rates among Caucasian, Hispanic, and Asian adolescents fall in between these extremes (Judge & Billick, 2004). Systematic studies have identified four established sets of risk factors for attempting suicide during adolescence: having a psychiatric problem, especially depression or substance abuse; having a history of suicide in the family; being under stress (especially in the areas of achievement and sexuality); and experiencing parental rejection, family disruption, or extensive family conflict (Judge & Billick, 2004). Adolescents who have one of these risk factors are sig-

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**Figure 15.7**

**Age Differences in Suicidal Ideation**

Depression is the most common internalizing problem in adolescents. Middle adolescents are more likely to think about suicide than younger or older individuals. Source: “Developmental trends in adolescent suicidal ideation” by M. Rueter & H. Kwon, Journal of Research on Adolescence, 15, pp. 205–222. Copyright © 2005 by Blackwell Publishing Ltd. Reproduced with permission of Blackwell Publishing Ltd.
nificantly more likely to attempt suicide than their peers, and adolescents who have more than one risk factor are dramatically more likely to try to kill themselves. Adolescents who have attempted suicide once are at risk for attempting it again (Lewinsohn et al., 1994). Adolescents are also more likely to attempt suicide if one of their friends or someone else in their community has committed suicide (Bearman & Moody, 2004; Gould, Wallenstein, & Kleinman, 1990).

**INTERIM SUMMARY 15.5**

### Socioemotional Problems in Adolescence

<table>
<thead>
<tr>
<th>Some General Observations</th>
</tr>
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<tbody>
<tr>
<td>Problems such as substance abuse, delinquency, and depression are not the norm during adolescence, but they do affect a worrisome number of teenagers.</td>
</tr>
<tr>
<td>It is important to distinguish between occasional experimentation and enduring patterns of dangerous or troublesome behavior.</td>
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<tr>
<td>Many of the problems experienced by adolescents are relatively transitory and resolved by the beginning of adulthood.</td>
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<tr>
<td>Problem behavior is virtually never a direct consequence of going through the normative changes of adolescence itself.</td>
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<tr>
<th>Externalizing Problems</th>
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<tr>
<td>Delinquency generally begins between the ages of 13 and 16 and declines during young adulthood.</td>
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<tr>
<td>The earlier an adolescent’s delinquency begins, the more likely he or she is to become a <strong>life-course-persistent offender</strong>. Conversely, the older an adolescent is when delinquency activity first appears, the more likely his or her criminal behavior will be <strong>adolescence-limited</strong>.</td>
</tr>
<tr>
<td>Youngsters whose offending starts before adolescence often have long histories of aggressive and antisocial behavior, problems in self-regulation, and are more likely to score low on tests of intelligence and neuropsychological functioning.</td>
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<tr>
<td>Adolescents whose externalizing problems begin and end in adolescence do not ordinarily show signs of psychological abnormality or severe family pathology. However, they often have been exposed to poor parenting and antisocial peers.</td>
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<tr>
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<tr>
<td>Depression is the most common internalizing problem during adolescence.</td>
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<tr>
<td>Depression has emotional symptoms, physical symptoms, and cognitive symptoms.</td>
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<tr>
<td>It is important to distinguish between depressed mood, depressive syndromes, and depressive disorder.</td>
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<tr>
<td>There is a dramatic increase in the prevalence of depressive feelings around the time of puberty. Symptoms of depression increase steadily throughout adolescence and then start to decline, making late adolescence the period of greatest risk.</td>
</tr>
<tr>
<td>Most experts posit a <strong>diathesis-stress model</strong> of depression, which suggests that depression may occur when individuals who are biologically or cognitively predisposed toward internalizing problems are exposed to chronic or acute stressors.</td>
</tr>
<tr>
<td>From early adolescence until very late in adulthood, twice as many females as males suffer from depression.</td>
</tr>
<tr>
<td>In any given year, more than 10% of American female high school students and more than 6% of males attempt suicide. Suicidal ideation increases during adolescence, peaks around age 15 and then declines.</td>
</tr>
</tbody>
</table>
The adolescent suicide rate increased alarmingly between 1950 and 1990, fueled by the increased use of drugs and alcohol and the increased availability of firearms (Judge & Billick, 2004). The rate peaked and declined somewhat during the 1990s, as new forms of antidepressant medication became more widely prescribed to adolescents (Zito et al., 2002). Although some reports have indicated that antidepressants may actually increase the risk of suicide among children and adolescents, more recent studies have found that when prescriptions of antidepressants drop (after articles linking antidepressants and suicide receive a lot of attention), the number of children attempting suicide increases, suggesting that taking antidepressants off the market likely does more harm than good (Bridge et al., 2007). You may have read that suicide is a leading cause of death among young people, but this is primarily because very few young people die from other causes, such as disease. Actually, suicide is a much more common cause of death among adults than it is among young people, largely because very few suicide attempts by adolescents are successful. But hints or threats of suicide, by anyone at any age, should be taken seriously. (For a summary of this section, see “Interim Summary 15.5: Socioemotional Problems in Adolescence.”)

SUMMING UP AND LOOKING AHEAD

Although the final section of this chapter ended with a discussion of socioemotional problems in adolescence, we don’t want to leave you with the impression that adolescence is an inherently or inevitably difficult time. It’s crucial that you keep in mind that most individuals emerge from adolescence with positive feelings about themselves and their parents; with the ability to form, maintain, and enjoy close relationships with same- and opposite-sex peers; and with the basic capabilities needed to take advantage of a range of educational, occupational, and recreational opportunities. Most adolescents settle into adulthood relatively smoothly and begin establishing their work and family careers with little serious difficulty. Although the transition into adulthood may appear forbidding to the young adolescent approaching many weighty decisions about the future, statistics tell us that, for a remarkably high proportion of youth, the transition is relatively peaceful. Yes, it is true that one in three adolescent girls gets pregnant before she is twenty-one, but it is also true that two of three do not. Although 20 percent of teenagers do not complete high school by the societally expected age, 80 percent do, and more than half of the students who drop out later receive a high school diploma or GED.

We should not gloss over the fact that many healthy adolescents at one time or another experience bouts of self-doubt, periods of family squabbling, academic setbacks, or broken hearts. But it is important to keep in mind that there is an important distinction between the normative, and usually transitory, difficulties that are encountered by many young people—and by many adults—and the serious psychosocial problems that are experienced by a relatively small minority of youth.

Adolescence is, above all, a remarkable period for the development of psychological maturity. Individuals enter with only a faint idea of who they are (and with few reasons to even question this) and leave well on the way toward developing a clear (if still changing) sense of identity. Relationships with family members are transformed, and a new equilibrium and balance of power is established—if perhaps after a temporary period of difficulty and distance. Relationships with friends change even more dramatically, with the development of closer and more intimate relationships with same and opposite-sex peers, the ascendance and decline of peer groups, and the increasing importance of romantic relationships.

Stop for a moment and recall where this expedition all started—with the joining of one sperm and one egg. In twenty or so years, that one-celled, microscopic creation develops, through the ongoing and dynamic interplay of biology and context, into a
young adult, fully capable of functioning independently and interdependently—alone and in relationships with others (not to mention capable of conceiving, with the help of a partner, a child of his or her own). It is hard to think of a more amazing or wondrous journey.

HERE’S WHAT YOU SHOULD KNOW

Did You Get It?

After reading this chapter, you should understand the following:

- How adolescence as we know it today came to be “invented”
- Erikson’s theory of adolescent identity development, and the ways in which scientists who study identity assess it
- Why the development of ethnic identity is important, and the different pathways associated with it
- How self-evaluations change in adolescence
- How family and sibling relationships change in adolescence
- How peer relationships change in adolescence, and the significance of cliques, crowds, and romantic relationships
- Basic facts about common externalizing and internalizing problems, including the factors that contribute to them

Important Terms and Concepts

adolescence-limited offenders (p. 457)  
attention deficit/hyperactivity disorder (ADHD) (p. 458)  
child protectionists (p. 437)  
clique (p. 447)  

crowd (p. 448)  
delinquency (p. 457)  
depression (p. 459)  
diathesis-stress model (p. 460)  
etnic identity (p. 440)  

externalizing problem (p. 457)  
identity status (p. 439)  
identity versus identity diffusion (p. 438)  
internalizing problem (p. 457)  

life-course-persistent offenders (p. 457)  
neuroendocrine (p. 460)  
psychosocial moratorium (p. 439)  
suicidal ideation (p. 465)
CHAPTER 13
Physical Development in Adolescence

- During puberty, there is a rapid acceleration in growth, development of primary and secondary sex characteristics, and changes in body composition and in the circulatory and respiratory systems.
- Puberty is triggered by genetic and environmental factors. It can be delayed by illness, nutritional deficiencies, and excessive exercise or thinness.
- By age 18, about two thirds of American adolescents have had intercourse. Sexual orientation is shaped by a complex interaction of social and biological influences.
- Disordered eating refers to patterns of eating attitudes and behaviors that are unhealthy, including obesity, anorexia nervosa, and bulimia.
- Brain changes during adolescence may provoke teens to crave novelty, reward, and stimulation before the brain systems that control judgment, decision making, and impulse control have matured.
- Alcohol and nicotine are the most commonly used and abused substances by teenagers. Their effects on brain functioning are worse in adolescence than in adulthood because the brain is especially vulnerable.

CHAPTER 14
Cognitive Development in Adolescence

- Deductive reasoning and hypothetical thinking improve during adolescence and are tied to the maturation of the prefrontal cortex. Adolescents have an increased capacity and interest in thinking about relationships, politics, religion, and morality.
- Social cognition involves such cognitive abilities as thinking about other people, thinking about social relationships, and thinking about social institutions.
- By early adolescence, social conventions are often seen as nothing but social expectations with insufficient reasons for compliance. Gradually, adolescents begin to see these conventions as the means by which society regulates peoples’ behavior.
- Adolescents who have a strong need for achievement have parents who set high performance standards, reward school success, and encourage autonomy and independence. The socioeconomic status of the adolescent’s family impacts educational achievement.
- Today, three fourths of high school graduates enroll in college; two thirds enroll immediately after graduation. However, rates of college graduation lag far behind rates of enrollment.

CHAPTER 15
Socioemotional Development in Adolescence

- Erikson believed that resolving the crisis of identity versus identity diffusion is the chief psychological task of adolescence.
- The term identity status refers to the point in the identity development process that characterizes an adolescent at a given time. Compared with older adolescents and with preadolescents, early adolescents are more self-conscious and have a less stable self-image.
- Adolescents’ relationships with siblings become increasingly more egalitarian but more distant and less emotionally intense. Having a positive parent-adolescent relationship is associated with a more positive sibling relationship.
- Adolescents may be especially susceptible to peer pressure because they have a heightened orientation toward the peer group.
- An externalizing problem is one in which the adolescent’s problems are turned outward and are manifested in antisocial behavior that is intended to harm others or that violates society’s norms. During adolescence, depression is the most common internalizing problem—problems that are turned inward and are manifested in emotional and cognitive distress.