IDENTITY
What Is Identity?
Erikson's View
Developmental Changes
Ethnic Identity

FAMILIES
Parental Management and Monitoring
Autonomy and Attachment
Parent-Adolescent Conflict

PEERS
Friendships
Peer Groups
Dating and Romantic Relationships

CULTURE AND ADOLESCENT DEVELOPMENT
Cross-Cultural Comparisons
Socioeconomic Status and Poverty
Ethnicity
Media and Screen Time

ADOLESCENT PROBLEMS
Juvenile Delinquency
Depression and Suicide
The Interrelation of Problems and Successful Prevention/Intervention Programs

Stories of Life-Span Development: Jewel Cash, Teen Dynamo

The mayor of the city says she is "everywhere." She persuaded the city's school committee to consider ending the practice of locking tardy students out of their classrooms. She also swayed a neighborhood group to support her proposal for a winter jobs program. According to one city councilman, "People are just impressed with the power of her arguments and the sophistication of the argument" (Silva, 2005, pp. B1, B4). She is Jewel E. Cash, and she did all these things while she was a teenager attending the prestigious Boston Latin Academy.

Jewel was raised in one of Boston's housing projects by her mother, a single parent. During high school she was a member of the Boston Student Advisory Council, mentored children, volunteered at a women's shelter, managed and danced in two troupes, and participated in a neighborhood watch group—among other activities. Jewel is far from typical, but her activities illustrate that cognitive and socioemotional development allows

Jewel Cash, seated next to her mother, participates in a crim watch meeting at a community center.
©Matthew J. Lee/The Boston Globe/Getty Images

adolescents—even those from disadvantaged backgrounds—to be capable, effective individuals. As an adult, Jewel works with a public consulting group and has continued helping others as a mentor and community organizer.

Significant changes characterize socioemotional development in adolescence. These changes include searching for identity. Changes also take place in the social contexts of adolescents' lives, with transformations occurring in relationships with families and peers in cultural contexts. Adolescents also may develop socioemotional problems such as delinquency and depression. ■

Identity

Jewel Cash told an interviewer from the *Boston Globe*, "I see a problem and I say, 'How can I make a difference?' . . . I can't take on the world, even though I can try. . . . I'm moving forward but I want to make sure I'm bringing people with me" (Silva, 2005, pp. B1, B4). Jewel's confidence and positive identity sound at least as impressive as her activities. This section examines how adolescents develop characteristics like these. How well did you understand yourself during adolescence, and how did you acquire the stamp of your identity? Is your identity still developing?

What Is Identity?

Questions about identity surface as common, virtually universal, concerns during adolescence. Some decisions made during adolescence might seem trivial: whom to date, whether or not to break up, which major to study, whether to study or play, whether or not to be politically active, and so on. Over the years of adolescence and emerging adulthood, however, such decisions begin to form the core of what the individual is all about as a human being—what is called his or her identity.

When identity has been conceptualized and researched, it typically is explored in a broad sense. However, identity is a self-portrait that is composed of many pieces and domains:

- The career and work path the person wants to follow (vocational/career identity)
- Whether the person is conservative, liberal, or middle-of-the-road (political identity)
- The person's spiritual beliefs (religious identity)
- Whether the person is single, married, divorced, and so on (relationship identity)
- The extent to which the person is motivated to achieve and is intellectually oriented (achievement, intellectual identity)
- Whether the person is heterosexual, homosexual, bisexual, or transgendered (sexual identity)
- Which part of the world or country a person is from and how intensely the person identifies with his or her cultural heritage (cultural/ethnic identity)
- The kinds of things a person likes to do, which can include sports, music, hobbies, and so on (interests)
- The individual's personality characteristics, such as being introverted or extraverted, anxious or calm, friendly or hostile, and so on (personality)
- The individual's body image (physical identity)

What are some important dimensions of identity? ©JGI/Jamie Grill/Getty Images

Currently, too little research attention has been given to developmental changes in specific domains of identity (Galliher, McLean, & Syed, 2017; Negru-Subtirica & Pop, 2018; Vosylis, Erentaite, & Crocetti, 2018).

Synthesizing the identity components can be a long-drawn-out process, with many negations and affirmations of various roles and faces (Meeus, 2017; Reece & others, 2017). Identity development takes place in bits and pieces. Decisions are not made once and for all, but have to be made again and again. Identity development does not happen neatly, and it does not happen cataclysmically (Adler & others, 2017; Hatano, Sugimura, & Schwartz, 2018; van Doeselaar & others, 2018).

Erikson's View

It was Erik Erikson (1950, 1968) who first understood that questions about identity are central to understanding adolescent development. Today, as a result of Erikson's masterful thinking and analysis, identity is considered a key aspect of adolescent development.

Recall that in Erikson's theory, his fifth developmental stage, which individuals experience during adolescence, is *identity versus identity confusion*. During this time, said Erikson, adolescents are faced with deciding who they are, what they are all about, and where they are going in life.

The search for an identity during adolescence is aided by a *psychosocial moratorium*, which is Erikson's term for the gap between childhood security and adult autonomy. During this period, society leaves adolescents relatively free of responsibilities and able to try out different identities. Adolescents in effect search their culture's identity files, experimenting with different roles and personalities. They may want to pursue one career one month (lawyer, for example) and another career the next month (doctor, actor, teacher, social worker, or astronaut, for example). They may dress neatly one day, sloppily the next. This experimentation is a deliberate effort on the part of adolescents to find out where they fit into the world. Most adolescents eventually discard undesirable roles.

Developmental Changes

Although questions about identity may be especially important during adolescence and emerging adulthood, identity formation neither begins nor ends during these years. It begins with the appearance of attachment, the development of the sense of self, and the emergence of independence in infancy; the process reaches its final phase with a life review and integration in old age. What is important about identity development in late adolescence and emerging adulthood is that for the first time, physical development, cognitive development, and socioemotional development advance to the point at which the individual can begin to sort through and synthesize childhood identities and identifications to construct a viable path toward adult maturity.

How do individual adolescents go about the process of forming an identity? Eriksonian researcher James Marcia (1980, 1994) believes that Erikson's theory of identity development encompasses four *statuses* of identity, or ways of resolving the identity crisis: identity diffusion, identity foreclosure, identity moratorium, and identity achievement. What determines an individual's identity status? Marcia classifies individuals based on the existence or extent of their crisis or commitment (see Figure 1). **Crisis** is defined as a period of identity development during which the individual is exploring alternatives. Most researchers use the term *exploration* rather than crisis. **Commitment** is personal investment in identity.

The four statuses of identity are described as follows:

- **Identity diffusion** is the status of individuals who have not yet experienced a crisis or made any commitments. Not only are they undecided about occupational and ideological choices, they are also likely to show little interest in such matters.
- **Identity foreclosure** is the status of individuals who have made a commitment but have not experienced a crisis. This occurs most often when parents hand down commitments to their adolescents, usually in an authoritarian way, before adolescents have had a chance to explore different approaches, ideologies, and vocations on their own.

crisis Marcia's term for a period of identity development during which the adolescent is exploring alternatives.

commitment Marcia's term for the part of identity development in which adolescents show a personal investment in forming an identity.

identity diffusion Marcia's term for adolescents who have not yet experienced a crisis (explored meaningful alternatives) or made any commitments.

identity foreclosure Marcia's term for adolescents who have made a commitment but have not experienced a crisis.

Position on Occupation and Ideology	Identity Status			
	Identity Diffusion	Identity Foreclosure	Identity Moratorium	Identity Achievement
[illegible]	Absent	Absent	Present	Present
[illegible]	Absent	Present	Absent	Present

Figure 1 Marcia's Four Statuses of Identity
According to Marcia, an individual's status in developing an identity can be described as identity diffusion, identity foreclosure, identity moratorium, or identity achievement. The status depends on the presence or absence of (1) a crisis or exploration of alternatives and (2) a commitment to an identity.
What is the identity status of most young adolescents?

- **Identity moratorium** is the status of individuals who are in the midst of a crisis but whose commitments are either absent or are only vaguely defined.
- **Identity achievement** is the status of individuals who have undergone a crisis and have made a commitment.

Identity moratorium Marcia's term for adolescents who are in the midst of a crisis, but their commitments are either absent or vaguely defined.

identity achievement Marcia's term for adolescents who have undergone a crisis and have made a commitment.

What Would You Do?
As a psychologist, how would you apply Marcia's theory of identity formation to describe the current identity status of most adolescents you know?

Some critics argue that the identity status approach does not produce enough depth in understanding identity development (Landberg, Dimitrova, & Syed, 2018; Meeus, 2017; Syed, Juang, & Svensson, 2018; Vosylis, Erentaite, & Crocetti, 2018). The newer *dual cycle identity model* separates identity development into two processes: (1) a formation cycle that relies on exploration in breadth and identification with commitment; and (2) A maintenance cycle that involves exploration in depth as well as reconsideration of commitments (Luyckx & others, 2014, 2017).

One way that researchers are now examining identity changes in depth is to use a *narrative approach*. This involves asking individuals to tell their life stories and evaluate the extent to which their stories are meaningful and integrated (Maher, Winston, & Ur, 2017; McLean & others, 2018; Sauchelli, 2018; Svensson, Berne, & Syed, 2018). The term *narrative identity* "refers to the stories people construct and tell about themselves to define who they are for themselves and others. Beginning in adolescence and young adulthood, our narrative identities are the stories we live by" (McAdams, Josselson, & Lieblich, 2006, p. 4).

A recent study used both identity status and narrative approaches to examine college students' identity domains. In both approaches, the interpersonal domain was most frequently described (McLean & others, 2016). In the interpersonal domain, dating and friendships were frequently mentioned, although there was no mention of gender roles. In the narrative domain, family stories were common.

Researchers are developing a consensus that the key changes in identity are most likely to take place in emerging adulthood, the period from about 18 to 25 years of age (Landberg, Dimitrova, & Syed, 2018; Layland, Hill, & Nelson, 2018). For example, from the years preceding high school through the last few years of college, the number of individuals who are identity achieved increases, whereas the number of individuals who are identity diffused decreases (Waterman, 1985, 1992). Many young adolescents are identity diffused. College upperclassmen are more likely than high school students or college freshmen to be identity achieved.

Why might college produce some key changes in identity? Increased complexity in the reasoning skills of college students combined with a wide range of new experiences that highlight contrasts between home and college and between themselves and others stimulate them to reach a higher level of integrating various dimensions of their identity. College contexts serve as a virtual "laboratory" for identity development through such experiences as diverse coursework and exposure to peers from diverse backgrounds. Also, one of emerging adulthood's key themes is not having many social commitments, which gives individuals considerable independence in developing a life path (Arnett, 2015).

Resolution of the identity issue during adolescence and emerging adulthood does not mean that identity will be stable through the remainder of life (McLean & others, 2018). Many individuals who develop positive identities follow what are called "MAMA" cycles; that is, their identity status changes from *m*oratorium to *a*chievement to *m*oratorium to *a*chievement (Marcia, 1994). These cycles may be repeated throughout life (Francis, Fraser, & Marcia, 1989). Marcia (2002) points out that the first identity is just that—it is not, and should not be regarded as, the final product.

Researchers have explored how parents and peers might influence an adolescent's identity development (Quimby & others, 2018; Rivas-Drake & Umana-Taylor, 2018). Parents are important figures in the adolescent's development of identity (Cooper, 2011; Crocetti & others, 2017). In a meta-analysis, securely attached adolescents were far more likely to be identity achieved than their counterparts who were identity diffused or identity foreclosed (Arseth & others, 2009). Recent longitudinal studies also have documented that the ethnic identity of adolescents is influenced by positive and diverse friendships (Rivas-Drake & others, 2017; Santos & others, 2017).

For today's adolescents and emerging adults, the contexts involving the digital world, especially social media platforms such as Instagram, Snapchat, and Facebook, have introduced new ways for youth to express and explore their identity (Davis & Weinstein, 2017). Adolescents and emerging adults often cast themselves as positively as they can on their digital devices—posting their most attractive photos and describing themselves in idealistic ways, continually editing and reworking their online self-portraits to enhance them (Yau & Reich, 2018). Adolescents' and emerging adults' online world provides extensive opportunities for both expressing their identity and getting feedback about it. Of course, such feedback is not always positive, just as in their offline world.

Ethnic Identity

Throughout the world, ethnic minority groups have struggled to maintain their ethnic identities while blending in with the dominant culture (Erikson, 1968). **Ethnic identity** is an enduring aspect of the self that includes a sense of membership in an ethnic group, along with the attitudes and feelings related to that membership (Adams & others, 2018; Polenova & others, 2018; White & others, 2018; Yoon & others, 2017). Most adolescents from ethnic minorities develop a *bicultural identity*. That is, they identify in some ways with their ethnic group and in other ways with the majority culture (Abu-Rayya & others, 2018; Douglass & Umana-Taylor, 2017; Meeus, 2017).

One adolescent girl, 16-year-old Michelle Chinn, made these comments about ethnic identity development: "My parents do not understand that teenagers need to find out who they are which means a lot of experimenting, a lot of mood swings, a lot of emotions and awkwardness. Like any teenager, I am facing an identity crisis. I am still trying to figure out whether I am a Chinese American or an American with Asian eyes."

For ethnic minority individuals, adolescence and emerging adulthood are often special junctures in their development (Butler-Barnes & others, 2018; Cheon & others, 2018; Espinosa & others, 2017). Although children are aware of some ethnic and cultural differences, individuals consciously confront their ethnicity for the first time in adolescence or emerging adulthood. Unlike children, adolescents and emerging adults have the ability to interpret ethnic and cultural information, to reflect on the past, and to speculate about the future. With their advancing cognitive skills of abstract thinking and self-reflection, adolescents (especially older adolescents) increasingly consider the meaning of their ethnicity and also have more ethnic-related experiences.

Recent research indicates that adolescents' pride in their ethnic identity group has positive outcomes (Anglin & others, 2018; Douglass & Umana-Taylor, 2017; Umana-Taylor & Douglass, 2017; Umana-Taylor & others, 2018). For example, in a recent study, strong ethnic group affiliation and connection served a protective function in reducing risk for psychiatric

uring, basic
cludes a
an ethnic
nd feelings
ip.

How Would You...?

As a human development and family studies professional, how would you design a community program that assists ethnic minority adolescents to develop a healthy bicultural identity?

problems (Anglin & others, 2018). In another study, Asian American adolescents' ethnic identity was associated with high self-esteem, positive relationships, academic motivation, and lower levels of depression over time (Kiang, Witkow, & Champagne, 2013). And in a recent study of Mexican-origin adolescents, a positive ethnic identity, social support, and anger suppression helped them cope more effectively with racial discrimination, whereas anger expression reduced their ability to cope with the discrimination (Park & others, 2018).

The indicators of identity change often differ for each succeeding generation (Phinney & Vedder, 2013). First-generation immigrants are likely to be secure in their identities and unlikely to change much; they may or may not develop a new identity. The degree to which they begin to feel "American" appears to be related to whether or not they learn English, develop social networks beyond their ethnic group, and become culturally competent in their new country. Second-generation immigrants are more likely to think of themselves as "American," possibly because citizenship is granted at birth. Their ethnic identity is likely to be linked to retention of their ethnic language and social networks. In the third and later generations, the issues become more complex. Historical, contextual, and political factors that are unrelated to acculturation may affect the extent to which members of this generation retain their ethnic identities. For non-European ethnic groups, racism and discrimination influence whether ethnic identity is retained.

Families

Adolescence typically alters the relationship between parents and their children. Among the most important aspects of family relationships in adolescence are those that involve parental management and monitoring, autonomy and attachment, and parent-adolescent conflict.

Parental Management and Monitoring

A key aspect of the managerial role of parenting is effective monitoring, which is especially important as children move into the adolescent years (Bendezu & others, 2018; Lindsay & others, 2018; Rusby & others, 2018). Monitoring includes supervising adolescents' choice of social settings, activities, and friends, as well as their academic efforts. In a recent study of fifth- to eighth-graders, a higher level of parental monitoring was associated with students having higher grades (Top, Liew, & Luo, 2017). A research meta-analysis also found that a higher level of parental monitoring and rule enforcement were linked to later initiation of sexual intercourse and increased use condoms by adolescents (Dittus & others, 2015). Also, a recent study revealed that better parental monitoring was linked to lower rates of marijuana use by adolescents (Haas & others, 2018), and in another recent study, lower parental monitoring was associated with earlier initiation of alcohol use, binge drinking, and marijuana use in 13- to 14-year-olds (Rusby & others, 2018). Further, a recent study revealed that two types of parental media monitoring (active monitoring and connective co-use (engaging in media with the intent to connect with adolescents) were linked to lower media use by adolescents (Padilla-Walker & others, 2018).

A current interest involving parental monitoring focuses on adolescents' management of their parents' access to information, especially strategies for disclosing or concealing information about their activities (Rote & Smetana, 2016). When parents engage in positive parenting practices, adolescents are more likely to disclose information. For example, disclosure increases when parents ask adolescents questions and when adolescents' relationship with parents is characterized by a high level of trust, acceptance, and quality (McElvaney, Greene, & Hogan, 2014). Researchers have found that adolescents' disclosure to parents about their whereabouts, activities, and friends is linked to positive adolescent adjustment (Cottrell & others, 2017). A study of 10- to 18-year-olds found that lower adolescent disclosure to parents was linked to antisocial behavior (Criss & others, 2015).

What kinds of strategies can parents use to guide adolescents in effectively handling their increased motivation for autonomy? ©Hero Images/Getty Images

Three ways that parents can engage in parental monitoring are (1) solicitation (asking questions); (2) control (enforcing disclosure rules); and (3) when youth don't comply, snooping. In one study, snooping was perceived by both adolescents and parents as the most likely of these three strategies to violate youths' privacy rights (Hawk, Becht, & Branje, 2016). Also, in this study, snooping was a relatively infrequent parental monitoring tactic but was a better indicator of problems in adolescent and family functioning than were solicitation and control.

Autonomy and Attachment

With most adolescents, parents are likely to find themselves engaged in a delicate balancing act, weighing competing needs for autonomy and control, for independence and connection.

The Push for Autonomy

The typical adolescent's push for autonomy and responsibility puzzles and angers many parents. As parents see their teenager slipping from their grasp, they may have an urge to take stronger control. Heated emotional exchanges may ensue, with either side calling names, making threats, and doing whatever seems necessary to gain control. Parents may feel frustrated because they *expect* their teenager to heed their advice, to want to spend time with the family, and to grow up to do what is right. Most parents anticipate that their teenager will have some difficulty adjusting to the changes that adolescence brings, but few parents imagine and predict just how strong an adolescent's desires will be to spend time with peers or how intensely adolescents will want to show that it is they—not their parents—who are responsible for their successes and failures.

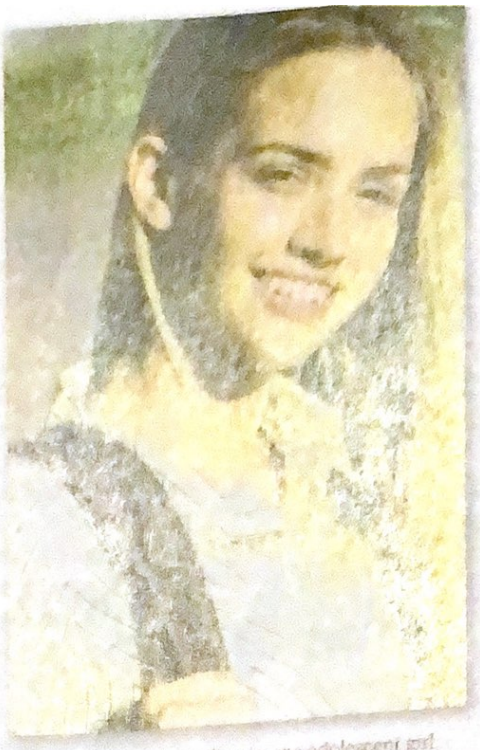
Adolescents' ability to attain autonomy and gain control over their behavior is facilitated by appropriate adult reactions to their desire for control (McElhaney & Allen, 2012). At the onset of adolescence, the average individual does not have the knowledge to make appropriate or mature decisions in all areas of life. As the adolescent pushes for autonomy, the wise adult relinquishes control in those areas where the adolescent can make reasonable decisions, but continues to guide the adolescent to make reasonable decisions in areas in which the adolescent's knowledge is more limited. Gradually adolescents acquire the ability to make mature decisions on their own. A recent study also found that from 16 to 20 years of age, adolescents perceived that they had increasing independence and improved relationships with their parents (Hadiwijaya & others, 2017).

Gender differences characterize autonomy-granting in adolescence. Boys are given more independence than girls. In one study, this was especially true in U.S. families with a traditional gender-role orientation (Bumpus, Crouter, & McHale, 2001). Also, Latino parents protect and monitor their daughters more closely than is the case for non-Latino parents (Romo, Mireles-Rios, & Lopez-Tello, 2014). Although Latino cultures may place a stronger emphasis on parental authority and restrict adolescent autonomy, one study revealed that regardless of where they were born, Mexican-origin adolescent girls living in the United States expected autonomy at an earlier age than their mothers preferred (Bamaca-Colbert & others, 2012).

The Role of Attachment

Recall that one of the most widely discussed aspects of socioemotional development in infancy is secure attachment to caregivers (Hoffman & others, 2017; Meins, Bureau, & Ferryhough, 2018). In the past decade, researchers have explored whether secure attachment also might be an important concept in adolescents' relationships with their parents (Arriaga & others, 2018; Delker, Bernstein, & Laurent, 2018; Hocking & others, 2018; Kerstis, Aslund, & Sonnby, 2018; Lockhart & others, 2017; Straus, 2018). Researchers have found that securely attached adolescents are less likely than those who are insecurely attached to have emotional difficulties and to engage in problem behaviors such

as juvenile delinquency and drug abuse (Allen & Tan, 2016). A study involving adolescents and emerging adults from 15 to 20 years of age found that insecure attachment to mothers was linked to becoming depressed and remaining depressed (Agerup & others, 2015). In a longitudinal study, Joseph Allen and colleagues (2009) found that secure attachment at 14 years of age was linked to a number of positive outcomes at 21 years of age, including relationship competence, financial/career competence, and fewer problematic behaviors. Further, in a recent study of Latino families, a higher level of secure attachment with mothers was associated with less heavy drug use by adolescents (Gattamorta & others, 2017). And in a research review, the most consistent outcomes of secure attachment in adolescence involved positive peer relations and development of the adolescent's capacity to regulate emotions (Allen & Miga, 2010).



According to one adolescent girl, Stacey Christensen, age 16: "I am lucky enough to have open communication with my parents. Whenever I am in need or just need to talk, my parents are there for me. My advice to parents is to let your teens grow at their own pace, be open with them so that you can be there for them. We need guidance; our parents need to help but not be too overwhelming."
©Stockbyte/Getty Images

Parent-Adolescent Conflict

Although parent-adolescent conflict increases in early adolescence, it does not reach the tumultuous proportions G. Stanley Hall envisioned at the beginning of the twentieth century (Bornstein, Jager, & Steinberg, 2013). Rather, much of the conflict involves the everyday events of family life, such as keeping a bedroom clean, dressing neatly, getting home by a certain time, and not talking endlessly on the phone. The conflicts rarely involve major dilemmas such as drugs or delinquency.

We indicated above that conflict with parents escalates in early adolescence. Does the conflict decrease later in adolescence? A research review concluded that parent-adolescent conflict decreases from early adolescence through late adolescence (Laursen, Coy, & Collins, 1998). And in a recent study of Chinese American families, parent-adolescent conflict increased in early adolescence, peaked at about 16 years of age, and then decreased through late adolescence and emerging adulthood (Juang & others, 2018). Parent-adolescent relationships also become more positive if adolescents go away to college than if they attend college while living at home (Sullivan & Sullivan, 1980).

The everyday conflicts that characterize parent-adolescent relationships may actually serve a positive developmental function. These minor disputes and negotiations facilitate the adolescent's transition from being dependent on parents to becoming an autonomous individual. Recognizing that conflict and negotiation can serve a positive developmental function can tone down parental hostility.

How Would You...?

As a **social worker,** how would you counsel a mother who is experiencing stress because of increased conflict with her young adolescent daughter?

The old model of parent-adolescent relationships suggested that as adolescents mature they detach themselves from parents and move into a world of autonomy apart from parents. The old model also suggested that parent-adolescent conflict is intense and stressful throughout adolescence. The new model emphasizes that parents serve as important attachment figures and support systems while adolescents explore a wider, more complex social world. The new model also emphasizes that in most families, parent-adolescent conflict is moderate rather than severe and that the everyday negotiations and minor disputes not only are normal but also can serve the positive developmental function of helping the adolescent make the transition from childhood dependency to adult independence (see Figure 2).

Still, a high degree of conflict characterizes some parent-adolescent relationships (Smokowski & others, 2017). And this prolonged, intense conflict is associated with various adolescent problems: movement out of the home, juvenile delinquency, school

dropout, pregnancy and early marriage, membership in religious cults, and drug abuse (Brook & others, 1990). For example, a recent study found that a higher level of parent-adolescent conflict was associated with higher adolescent anxiety, depression, and aggression, and lower self-esteem (Smokowski & others, 2016). Another study found that high parent-adolescent conflict was associated with a lower level of empathy in adolescents throughout the six years of the study from 13 to 18 years of age (Van Lissa & others, 2015). Further, in another recent study of Latino families, parent-adolescent conflict was linked to adolescents' higher level of aggressive behavior (Smokowski & others, 2017).

When families emigrate to another country, adolescents typically acculturate more quickly to the norms and values of their new country than do their parents (Fuligni, 2012). This likely occurs because of immigrant adolescents' exposure in school to the language and culture of the host country. The norms and values immigrant adolescents experience are especially likely to diverge from those of their parents in areas such as autonomy and romantic relationships. Such divergences are likely to increase parent-adolescent conflict in immigrant families. In a recent study of Chinese American families, parent-adolescent conflict was linked to a sense of alienation between parents and adolescents, which in turn was related to more depressive symptoms, delinquent behavior, and lower academic achievement (Hou, Kim, & Wang, 2016).

Figure 2 Old and New Models of Parent-Adolescent Relationships
©Martin Barraud/Cavan Image/Glow Images

Peers

Peers play powerful roles in the lives of adolescents (Bukowski, Laursen, & Rubin, 2018; Gordon Simons & others, 2018; Vitaro, Boivin, & Poulin, 2018). When you think back to your own adolescent years, you probably recall many of your most enjoyable moments as experiences shared with peers. Peer relations undergo important changes in adolescence, including changes in friendships, peer groups, and the beginning of romantic relationships (Furman, 2018; Martin, Fabes, & Hanish, 2018; Nishina & Bellmore, 2018).

Friendships

For most children, being popular with their peers is a strong motivator. Beginning in early adolescence, however, teenagers typically prefer to have a smaller number of friendships that are more intense and intimate than those of young children.

Harry Stack Sullivan (1953) was the most influential theorist to discuss the importance of adolescent friendships. In contrast with other psychoanalytic theorists who focused almost exclusively on parent-child relationships, Sullivan argued that friends are also important in shaping the development of children and adolescents. Everyone, said Sullivan, has basic social needs, such as the need for tenderness (secure attachment), playful companionship, social acceptance, intimacy, and sexual relations. Whether or not these needs are fulfilled largely determines our emotional well-being. For example, if the need for playful companionship goes unmet, then we become bored and depressed; if the need for social acceptance is not met, we suffer a diminished sense of self-worth.

During adolescence, said Sullivan, friends become increasingly important in meeting social needs. In particular, Sullivan argued that the need for intimacy intensifies during early adolescence, motivating teenagers to seek out close friends. If adolescents fail to forge such close friendships, they experience loneliness and a reduced sense of

self-worth. The nature of relationships with friends during adolescence can foreshadow the quality of romantic relationships in emerging adulthood. For example, a longitudinal study revealed that having more secure relationships with close friends at age 16 was linked with more positive romantic relationships at age 20 to 23 (Simpson & others, 2007).

Many of Sullivan's ideas have withstood the test of time. For example, adolescents report disclosing intimate and personal information to their friends more often than do younger children (Buhrmester, 1998) (see Figure 3). Adolescents also say they depend more on friends than on parents to satisfy their needs for companionship, reassurance of worth, and intimacy. The ups and downs of experiences with friends shape adolescents' well-being (Bagwell & Bukowski, 2018; Nesi & others, 2017). Adolescent girls are more likely to disclose information about problems to a friend than are adolescent boys (Rose & Smith, 2018).

Although having friends can be a developmental advantage, not all friendships are alike and the quality of friendships matters (Bagwell & Bukowski, 2018). People differ in the company they keep—that is, who their friends are. It is a developmental disadvantage to have coercive, conflict-ridden, and poor-quality friendships (Raudsepp & Riso, 2017; Rubin & Barstead, 2018; Rubin & others, 2018). One study revealed that having friends who engage in delinquent behavior is associated with early onset and more persistent delinquency (Evans, Simons, & Simons, 2016). Another study found that adolescents adapted their smoking and drinking behavior to that of their best friends (Wang & others, 2016). Further, a recent study of adolescent girls revealed that friends' dieting predicted whether adolescent girls would engage in dieting or extreme dieting (Balantekin, Birch, & Savage, 2018).

What changes take place in friendship during the adolescent years?
OSW Productions/Getty Images

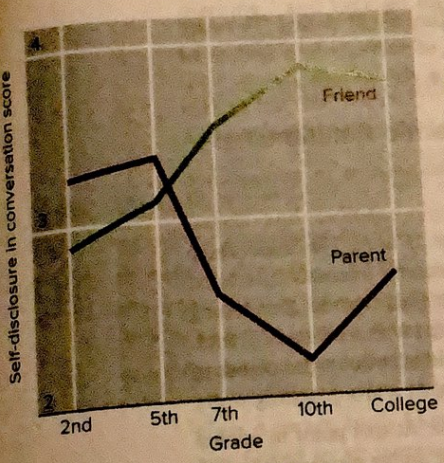


Figure 3 Developmental Changes in Self-Disclosing Conversations
Self-disclosing conversations with friends increased dramatically in adolescence while declining in an equally dramatic fashion with parents. However, self-disclosing conversations with parents began to pick up somewhat during the college years. The measure of self-disclosure involved a 5-point rating scale completed by the children and youth, with a higher score representing greater self-disclosure. The data shown represent the means for each age group.

Although most adolescents develop friendships with individuals who are close to their own age, some adolescents become best friends with younger or older individuals. Adolescents who interact with older youth engage in deviant behavior more frequently, but it is not known whether the older youth guide younger adolescents toward deviant behavior or whether the younger adolescents were already prone to deviant behavior before they developed friendships with older youth.

Peer Groups

How extensive is peer pressure in adolescence? What roles do cliques and crowds play in adolescents' lives? As we see next, researchers have found that the standards of peer groups and the influence of crowds and cliques become increasingly important during adolescence.

Peer Pressure

Young adolescents conform more to peer standards than children do (Choukas-Bradley & Prinstein, 2016; Nesi & others, 2017). Around the eighth and ninth grades, conformity to peers—especially to their antisocial standards—peaks (Brown & Larson, 2009). At this point, adolescents are most likely to go along with a peer to steal hubcaps off a car, paint graffiti on a wall, or steal cosmetics from a store counter. One study found that U.S. adolescents are more likely than Japanese adolescents to put pressure on their peers to resist parental influence (Rothbaum & others, 2000).

Adolescents are more likely to conform to their peers when they are uncertain about their social identity and when they are in the presence of someone they perceive to have higher status than they do (Prinstein & Giletta, 2016). Also, a recent study found that boys were more likely to be influenced by peer pressure involving sexual behavior than were girls (Widman & others, 2016).

What characterizes peer pressure in adolescence? ©Chelsie Rose/Getty Images

Cliques and Crowds

Cliques and crowds assume more important roles during adolescence than during childhood (Brown, 2011; Ellis & Zarbatany, 2018). **Cliques** are small groups that range from 2 to about 12 individuals and average about 5 or 6 individuals. The clique members are usually of the same sex and about the same age.

Cliques can form because adolescents engage in similar activities, such as being in a club or on a sports team. Some cliques also form because of friendship. Several adolescents may form a clique because they have spent time with each other, share mutual interests, and enjoy each other's company. Not necessarily friends to start with, they often develop a friendship if they stay in the clique. What do adolescents do in cliques? They share ideas and hang out together. Often they develop an in-group identity in which they believe that their clique is better than other cliques.

Crowds are larger than cliques and less personal. Adolescents are usually members of a crowd based on reputation, and they may or may not spend much time together. Many crowds are defined by the activities adolescents engage in (such as "jocks" who are good at sports or "druggies" who take drugs).

Dating and Romantic Relationships

Adolescents spend considerable time either dating or thinking about dating (Furman, 2018; Lantagne & Furman, 2017). Dating can be a form of recreation, a source of status, a setting for learning about close relationships, and a way to find a mate.

Developmental Changes in Dating and Romantic Relationships

Three stages characterize the development of romantic relationships in adolescence (Connolly & McIsaac, 2009):

1. *Entering into romantic attractions and affiliations at about age 11 to 13.* This initial stage is triggered by puberty. From age 11 to 13, adolescents become intensely interested in romance and it dominates many conversations with same-sex friends. Developing a crush on someone is common, and the crush often is shared with a same-sex friend. Young adolescents may or may not interact with the individual who is the object of their infatuation. When dating occurs, it usually takes place in a group setting.
2. *Exploring romantic relationships at approximately age 14 to 16.* At this point in adolescence, two types of romantic involvement occur: (a) *Casual dating* emerges between individuals who are mutually attracted. These dating experiences are often short-lived, last a few months at best, and usually endure no longer than a few weeks. (b) *Dating in groups* is common and reflects the importance of peers in adolescents' lives. A friend often acts as a third-party facilitator of a potential dating relationship by communicating their friend's romantic interest and determining whether the other person feels a similar attraction.
3. *Consolidating dyadic romantic bonds at about age 17 to 19.* At the end of the high school years, more serious romantic relationships develop. This stage is characterized by the formation of strong emotional bonds more closely resembling those in adult romantic relationships. These bonds often are more stable and enduring than earlier bonds, typically lasting one year or more.

clique A small group that ranges from 2 to about 12 individuals, averaging about 5 or 6 individuals, and often consists of adolescents who engage in similar activities.

crowd A larger group structure than a clique, a crowd is usually formed based on reputation, and members may or may not spend much time together.

Two variations on these stages in the development of romantic relationships in adolescence involve early and late bloomers (Connolly & McIsaac, 2009). *Early bloomers* include 15 to 20 percent of 11- to 13-year-olds who say that they currently are in a romantic relationship and 35 percent who indicate that they have had some prior experience in romantic relationships. *Late bloomers* comprise approximately 10 percent of 17- to 19-year-olds who say that they have had no experience with romantic relationships and another 15 percent who report that they have not engaged in any romantic relationships that lasted more than four months. One study found that early bloomers externalized problem behaviors through adolescence more than their on-time and late-bloomer counterparts (Connolly & others, 2013).

What are some developmental changes in dating and romantic relationships in adolescence?
Digital Vision/Getty Images

How do romantic relationships further change through adolescence? Short-term romantic relationships were increasingly supportive in late adolescence (Lantagne & Furman, 2017). Long-term adolescent relationships were both supportive and turbulent, characterized by elevated levels of support, negative interactions, higher control, and more jealousy.

Dating in Gay and Lesbian Youth

Recently, researchers have begun to study romantic relationships among gay and lesbian youth (Diamond & Alley, 2018; Savin-Williams, 2017). Many sexual minority youth date other-sex peers, which can help them to clarify their sexual orientation or disguise it from others (Savin-Williams, 2018). Most gay and lesbian youth have had some same-sex sexual experience, often with peers who are "experimenting," and then go on to a primarily heterosexual orientation (Savin-Williams, 2017, 2018).

Sociocultural Contexts and Dating

The sociocultural context exerts a powerful influence on adolescents' dating patterns (Furman, 2018; Moosmann & Roosa, 2015). This influence may be seen in differences in dating patterns among ethnic groups within the United States. Values, religious beliefs, and traditions often dictate the age at which dating begins, how much freedom in dating is allowed, whether dates must be chaperoned by adults or parents, and the roles of males and females in dating. For example, Latino and Asian American cultures have more conservative standards regarding adolescent dating than does the Anglo-American culture. Dating may become a source of conflict within a family if the parents grew up in cultures where dating began at a late age, little freedom in dating was allowed, dates were chaperoned, and dating was especially restricted for adolescent girls. A recent study found that mother-daughter conflict in Mexican American families was linked to an increase in daughters' romantic involvement (Tyrell & others, 2016). When immigrant adolescents choose to adopt the ways of the dominant U.S. culture (such as unchaperoned dating), they often clash with parents and extended-family members who have more traditional values.

Dating and Adjustment

Researchers have linked dating and romantic relationships with various measures of how well adjusted adolescents are (Davila, Capaldi, & La Greca, 2016; Furman, 2018; Yoon & others, 2017). For example, one study of 200 tenth-graders revealed that the more romantic experiences they had had, the more likely they were to report high levels of social acceptance, friendship competence, and romantic competence; however, having more romantic experience also was linked to a higher level of substance use, delinquency, and sexual behavior (Furman, Low, & Ho, 2009).

Dating and romantic relationships at an early age can be especially problematic (Furman, 2018). One study found that romantic activity was linked to depression in early adolescent girls (Starr & others, 2012). Researchers also have found that early dating and "going with" someone are linked with adolescent pregnancy and problems at home and school (Florsheim, Moore, & Edgington, 2003).

How Would You...?

As a **psychologist**, how would you explain the risks of dating and romantic relationships during early adolescence?

However, in some cases, romantic relationships in adolescence are associated with positive developmental changes. For example, in a recent study, having a supportive romantic relationship in adolescence was linked to positive outcomes for adolescents who had a negative relationship with their mother (Szwedo, Hessel, & Allen, 2017). In another study, adolescents who engaged in a higher level of intimate disclosure at age 10 reported a higher level of companionship in romantic relationships at 12 and 15 years of age (Kochendorfer & Kerns, 2017). In this study, those who reported more conflict in friendships had a lower level of companionship in romantic relationships at 15 years of age.

Culture and Adolescent Development

We live in an increasingly diverse world, one that includes more extensive contact between adolescents from different cultures and ethnic groups. In this section, we explore these differences as they relate to adolescents. We explore how adolescents in various cultures spend their time, and some of the rites of passage they undergo. Further, we discuss the many challenges faced by adolescents who grow up in families that are struggling financially. We also examine how ethnicity and the media affect U.S. adolescents and influence their development.

Cross-Cultural Comparisons

What traditions remain for adolescents around the globe? What circumstances are changing adolescents' lives?

Traditions and Changes in Adolescence Around the Globe

Depending on the culture being observed, adolescence may involve many different experiences (Chen, Lee, & Chen, 2018; Matsumoto & Juang, 2017).

Health Adolescent health and well-being have improved in some respects but not in others. Overall, fewer adolescents around the world die from infectious diseases and malnutrition now than in the past (UNICEF, 2018). However, a number of adolescent health-compromising behaviors (especially illicit drug use and unprotected sex) are increasing in frequency. Extensive increases in the rates of HIV in adolescents have occurred in many sub-Saharan countries (UNICEF, 2018).

Gender Around the world, the experiences of male and female adolescents continue to be quite different. Except in a few regions such as Japan, the Philippines, and Western countries, males have far greater access to educational opportunities than females do (UNICEF, 2018). In many countries, adolescent females have less freedom than males to pursue a variety of careers and engage in various leisure activities. Gender differences in sexual expression are widespread, especially in India, Southeast Asia, Latin America, and Arab countries where there are far more restrictions on the sexual activity of adolescent females than on that of males. These gender differences do appear to be narrowing over time, however. In some countries, educational and career opportunities for women are expanding, and control over adolescent girls' romantic and sexual relationships is weakening.

How Would You...?

As a **health-care professional**, how would you explain to policy makers and insurance providers the importance of cultural context when creating guidelines for adolescent health coverage?

Family In some countries, adolescents grow up in closely knit families with extensive extended-kin networks that retain a traditional way of life. For example, in Arab countries, "adolescents are taught strict codes of conduct and loyalty" (Brown & Larson, 2002, p. 6). However, in Western countries such as the United States, parenting is less authoritarian than in the past, and much larger numbers of adolescents are growing up in divorced families and stepfamilies.

In many countries around the world, current trends "include greater family mobility, migration to urban areas, family members working in distant cities or countries, smaller families, fewer extended-family households, and increases in mothers' employment" (Brown & Larson, 2002, p. 7). Unfortunately, many of these changes may reduce the ability of families to spend time with their adolescents.

Asian Indian adolescents in a marriage ceremony
©Prakash Hatvalne/AP Images

Peers Some cultures give peers a stronger role in adolescence than other cultures do (Brown & Larson, 2002). In most Western nations, peers figure prominently in adolescents' lives, in some cases taking on roles that would otherwise be assumed by parents. Among street youth in South America, the peer network serves as a surrogate family that supports survival in dangerous and stressful settings. In other regions of the world, such as in Arab countries, peer relations are restricted, especially for girls (Booth, 2002).

Muslim school in Middle East with boys only
©Yvan Cohen/LightRocket/Getty Images

Adolescents' lives, then, are shaped by a combination of change and tradition. Researchers have found both similarities and differences in the experiences of adolescents in different countries (Larson & Dawes, 2015).

Rites of Passage

Another variation in the experiences of adolescents in different cultures is whether the adolescents go through a rite of passage. Some societies have elaborate ceremonies that signal the adolescent's move to maturity and achievement of adult status (Ember, Ember, & Peregrine, 2015; Miller, 2017). A **rite of passage** is a ceremony or ritual that marks an individual's transition from one status to another. Most rites of passage focus on the transition to adult status. In many primitive cultures, rites of passage are the avenue through which adolescents gain access to sacred adult practices, to knowledge, and to sexuality. These rites often involve dramatic practices intended to facilitate the adolescent's separation from the immediate family, especially the mother. The transformation is usually characterized by some form of ritual death and rebirth, or by means of contact with the spiritual world. Bonds are forged between the adolescent and the adult instructors through shared rituals, hazards, and secrets to allow the adolescent to enter the adult world. This kind of ritual provides a forceful and discontinuous entry into the adult world at a time when the adolescent is perceived to be ready for the change.

Street youth in Rio de Janeiro.
©Tom Stoddart/Getty Images

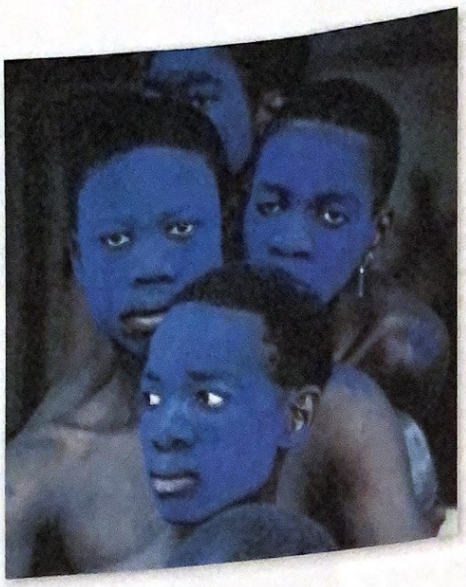
An especially rich tradition of rites of passage for adolescents has prevailed in African cultures, especially sub-Saharan Africa. Under the influence of Western industrialized culture, many of these rites are disappearing today, although they are still prevalent in locations where formal education is not readily available.

How Would You...?

As an **educator**, how would you modify high school graduation to make it a more meaningful rite of passage for adolescents in the United States?

Do we have such rites of passage for American adolescents? We certainly do not have universal formal ceremonies that mark the passage from adolescence to adulthood. Certain religious and social groups do,

rite of passage A ceremony or ritual that marks an individual's transition from one status to another. Most rites of passage focus on the transition to adult status.



These Congolese Kota boys painted their faces as part of a rite of passage to adulthood. *What rites of passage do American adolescents have?*
©Daniel Laine/Gamma Rapho

however, have initiation ceremonies that indicate that an advance in maturity has been reached: the Jewish bar and bat mitzvah, the Catholic confirmation, and social debuts, for example. School graduation ceremonies come the closest to being culture-wide rites of passage in the United States. The high school graduation ceremony has become nearly universal for middle-class adolescents and increasing numbers of adolescents from low-income backgrounds.

Socioeconomic Status and Poverty

In the chapter on "Socioemotional Development in Middle and Late Childhood," we described many aspects of the challenges facing children who live in low-income and impoverished families. Here we focus on these challenges associated with economic hardship.

Adolescents from low-SES backgrounds are at risk for experiencing low achievement and emotional problems, as well as lower occupational attainment in adulthood (Chaudry & others, 2017; Coley & others, 2018; Pulkki & others, 2018; Rosen & others, 2018). Psychological problems such as smoking, depression, and juvenile delinquency, as well as health problems, are more prevalent among low-SES adolescents than among economically advantaged adolescents (Simon & others, 2017). For example, a recent study found that of 13 risk factors, low SES was most likely to be associated with smoking initiation in fifth-graders (Wellman & others, 2018). Also, in a recent Chinese study, adolescents in low-income families were more likely to have depressive symptoms than adolescents in families with average or high incomes (Zhou, Fan, & Yin, 2017). Further, in a U.S. longitudinal study, low SES in adolescent females was linked to having a higher level of depressive symptoms at age 54 (Pino & others, 2018). And in this study, low-SES females who completed college were less likely to have depressive symptoms at age 54 than low-SES females who did not complete college. In another longitudinal study, low SES in adolescence was a risk factor for having cardiovascular disease 30 years later (Doom & others, 2017). In this study, the following factors were found to be involved in the pathway to cardiovascular disease for low-SES individuals: health-compromising behaviors, financial stress, inadequate medical care, and lower educational attainment.

Are there psychological and social factors that predict higher achievement for adolescents living in poverty? A recent study found that higher levels of the following four factors assessed at the beginning of the sixth grade were linked to higher grade point averages at the end of the seventh grade: (1) academic commitment, (2) emotional control, (3) family involvement and (4) school climate (Li, Allen, & Casillas, 2017).

When poverty is persistent and long-standing, it can have especially damaging effects on adolescents (Chaudry & others, 2017; Duncan, Magnuson, & Votruba-Drzal, 2017; Green & others, 2018). A recent study found that 12- to 19-year-olds' perceived well-being was lowest when they had lived in poverty from birth to 2 years of age (compared with 3 to 5, 6 to 8, and 9 to 11 years of age) and also each additional year lived in poverty was associated with even lower perceived well-being (Gariepy & others, 2017).

Ethnicity

Earlier in this chapter we explored the identity development of ethnic minority adolescents. Here, we further examine immigration and the relationship between ethnicity and socioeconomic status.

Immigration

Relatively high rates of immigration are contributing to the growing proportion of ethnic minority adolescents and emerging adults in the United States (Calzada & others, 2018; Titzmann & Gniewosz, 2018; Yoon & others, 2017). Immigrant families are those in which at least one of the parents was born outside the country of residence. Variations in immigrant families involve whether one or both parents are foreign born, whether the child was born in the host country, and the ages at which immigration took place for both the parents and the children (Kim & others, 2018).

What are some cultural adaptations these Mexican American girls likely have made as immigrants to the United States? ©Caroline Woodham/Getty Images

What are some of the circumstances immigrants face that challenge their adjustment? Immigrants often experience stressors uncommon to or less prominent among longtime residents, such as language barriers, dislocations and separations from support networks, the dual struggle to preserve identity and to acculturate, and changes in SES status (Benetsky & Pereira, 2017; Hou & Kim, 2018; Suárez-Orozco, Ochoa, b, c, Yoshikawa & others, 2017). In a recent study comparing Asian, Latino, and non-Latino White immigrant adolescents, immigrant Asian adolescents had the highest level of depression, the lowest self-esteem, and were the most likely to report experiencing discrimination (Li & others, 2017).

Many individuals in immigrant families are dealing with the situation of being undocumented (Beck & others, 2017; Rojas-Flores & others, 2017). Living in an undocumented family can affect children's and adolescents' developmental outcomes through parents being unwilling to sign up for services for which they are eligible, through conditions linked to low-wage work and lack of benefits through stress, and through a lack of cognitive stimulation in the home. Consequently, when working with adolescents and their immigrant families, counselors need to adapt intervention programs to optimize cultural sensitivity (Calzada & others, 2018; Suárez-Orosco & Suárez-Orosco, 2018).

The ways in which ethnic minority families deal with stress depend on many factors (Davis & others, 2018; Gonzales-Backen & others, 2017; Lorenzo-Blanco & others, 2018). Whether the parents are native-born or immigrants, how long the family has been in the United States, its socioeconomic status, family values, how competently parents rear their children and adolescents, and their national origin all make a difference (Hou & Kim, 2018; Kim & others, 2018). A recent study of Mexican-origin youth found that when adolescents reported a higher level of familism (giving priority to one's family), they engaged in lower levels of risk taking (Wheeler & others, 2017). Another study revealed that parents' education before migrating was strongly linked to their children's academic achievement (Pong & Landale, 2012).

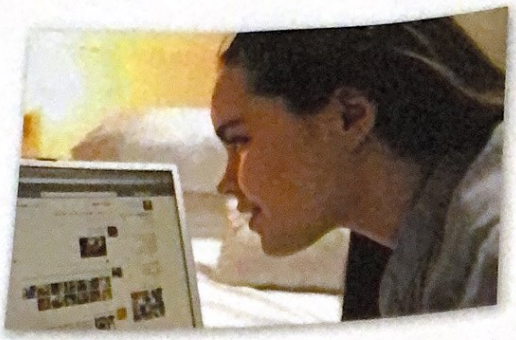
Ethnicity and Socioeconomic Status

Much of the research on ethnic minority adolescents has failed to tease apart the influences of ethnicity and socioeconomic status (SES). These factors can interact in ways that exaggerate the influence of ethnicity because ethnic minority individuals are overrepresented in the lower socioeconomic levels of American society (Nieto & Bode, 2018). Consequently, researchers too often have given ethnic explanations for aspects of adolescent development that were largely attributable to SES.

Not all ethnic minority families are poor. However, poverty contributes to the stressful life experiences of many ethnic minority adolescents (Berman & others, 2018; Duncan, Magnuson, & Votruba-Drzal, 2017; Taylor, Widaman, & Robins, 2018). Thus, many ethnic minority adolescents experience a double disadvantage: (1) prejudice, discrimination, and bias because of their ethnic minority status; and (2) the stressful effects of poverty (Kimmel & Aronson, 2018).

Although some ethnic minority youth come from middle-income backgrounds, economic advantage does not entirely enable them to escape the prejudice, discrimination, and bias associated with being a member of an ethnic minority group (Gollnick & Chinn, 2017). Even Japanese Americans, who are often characterized as a "model minority" because of their strong achievement orientation and family cohesiveness, still experience stress associated with ethnic minority status.

Media and Screen Time



What are some trends in adolescent media use and screen time?
©Brendan O'Sullivan/ Getty Images

The culture adolescents experience involves not only cultural values, SES, and ethnicity, but also media and screen time influences (Guadagno, 2018; Lever-Duffy & McDonald, 2018; Maloy & others, 2017; Roblyer & Hughes, 2019; Smaldino & others, 2019). Television continues to have a strong influence on children's and adolescent's development, but children's use of other media and information/communication devices has led to the use of the term *screen time*, which includes how much time individuals spend watching television or DVDs, playing video games, and using computers or mobile media such as iPhones (Lissak, 2018; Ngantcha & others, 2018; Poulain & others, 2018; Yan, 2018). A recent study revealed that less screen time was associated with adolescents having a better quality of life (Yan & others, 2017). A recent study found that nighttime mobile phone use and poor sleep behavior increased from 13 to 16 years of age (Vernon, Modecki, & Barber, 2018). In this study, increased nighttime mobile phone use was linked to increases in externalizing problems as well as decreases in self-esteem and coping.

To better understand various aspects of U.S. adolescents' media use, the Kaiser Family Foundation funded national surveys in 1999, 2004, and 2009. The 2009 survey documented that adolescent media use had increased dramatically in the previous decade (Rideout, Foehr, & Roberts, 2010). Today's youth live in a world in which they are encapsulated by media. In the 2009 survey, 8- to 11-year-olds used media 5 hours and 29 minutes a day, but 11- to 14-year-olds used media an average of 8 hours and 40 minutes a day, and 15- to 18-year-olds an average of 7 hours and 58 minutes a day. Thus, media use jumps more than 3 hours in early adolescence! Adding up the daily media use figures to obtain weekly media use leads to the staggering levels of more than 60 hours a week of media use by 11- to 14-year-olds and almost 56 hours a week by 15- to 18-year-olds!

A major trend in the use of technology is the dramatic increase in media multitasking (Edwards & Shin, 2017; Hadington & Murphy, 2018; Steinborn & Huestegge, 2017). In the 2009 survey, when the amount of time spent multitasking was included in computing media use, 11- to 14-year-olds spent nearly 12 hours a day (compared with almost 9 hours a day when multitasking was not included) exposed to media (Rideout, Foehr, & Roberts, 2010)! One study of 8- to 12-year-old girls also found that a higher level of media multitasking was linked to negative social well-being while a higher level of face-to-face communication was associated with positive social well-being indicators, such as greater social success, feeling more normal, and having fewer friends whom parents thought were a bad influence (Pea & others, 2012). In another study, heavy media multitaskers were more likely to be depressed and have social anxiety than their counterparts who engaged in a lower incidence of media multitasking (Becker, Alzahabi, & Hopwood, 2013). Also, in a recent study, heavy multimedia multitaskers were less likely than light media multitaskers to delay gratification and more likely to endorse intuitive, but wrong, answers on a cognitive reflection task (Schutten, Stokes, & Arnell, 2017). And in a recent research review, a higher level of media multitasking was linked to lower levels of school achievement, executive function, and growth mindset in adolescents (Cain & others, 2016).

In some cases, media multitasking–such as text messaging, listening to an iPod, and updating a YouTube site simultaneously–is engaged in while doing homework. It is hard to imagine that this allows a student to do homework efficiently, although there is little research on media multitasking. A research review concluded that at a general level, using digital technologies (surfing the Internet, texting someone) while engaging in a learning task (reading, listening to a lecture) distracts learners and impairs performance on many tasks (Courage & others, 2015). Also in this research, it was concluded that when driving subtasks such as various perceptual-motor activities (steering control, changing lanes, maneuvering through traffic, braking, and acceleration) and ongoing cognitive tasks (planning, decision making, or maintaining a conversation with a passenger) are combined with

interactive in-vehicle devices (phones, navigation aids, portable music devices), the task of driving becomes more complex and the potential for distraction high.

Mobile media, such as cell phones and iPads, are mainly driving the increased media use by adolescents (Yan, 2018). For example, in 2004, 39 percent of adolescents owned a cell phone, a figure that jumped to 66 percent in 2009 and then to 87 percent in 2016 with a prediction of 92 percent in 2019 (eMarketeer.com, 2016; Rideout, Foehr, & Roberts, 2010).

A national survey revealed dramatic increases in U.S. adolescents' use of social media and text messaging (Lenhart, 2015). In 2015, 92 percent of U.S. 13- to 17-year-olds reported using social networking sites daily. Twenty-four percent of the adolescents said they go online almost constantly. Much of this increase in going online has been fueled by smartphones and mobile devices. Also, in a recent national survey, 78 percent of 18- to 24-year-olds reported that they use Snapchat, 71 percent said they use Instagram, 68 percent said they use Facebook, and almost half (45 percent) indicated they use Twitter (Smith & Anderson, 2018). And in this recent survey, a whopping 94 percent in this age group said they use YouTube. A recent study indicated that a higher level of social media use was associated with a higher frequency of heavy drinking by adolescents (Brunborg, Andreas, & Kvaavik, 2017).

Text messaging has become the main way that adolescents connect with their friends, surpassing face-to-face contact, email, instant messaging, and voice calling (Lenhart, 2015; Lenhart & others, 2015). In the national survey and a further update (Lenhart & others, 2015), daily text messaging increased from 38 percent who texted friends daily in 2008 to 55 percent in 2015. However, voice mail was the primary way that most adolescents preferred to connect with parents.

Adolescent Problems

Earlier we described several adolescent problems: substance abuse, sexually transmitted infections, and eating disorders. In this chapter, we examine the problems of juvenile delinquency, depression, and suicide. We also explore interrelationships among adolescent problems and discuss how such problems can be prevented or remedied.

Juvenile Delinquency

The label **juvenile delinquent** is applied to an adolescent who breaks the law or engages in behavior that is considered illegal. Like other categories of disorders, juvenile delinquency is a broad concept; legal infractions range from littering to murder. Because the adolescent technically becomes a juvenile delinquent only after being judged guilty of a crime by a court of law, official records do not accurately reflect the number of illegal acts juvenile delinquents commit.

Males are more likely to engage in delinquency than are females—in 2014, 72 percent of delinquency cases in the United States involved males, 28 percent females (Hockenberry & Puzzanchera, 2017). Since 2008, delinquency cases have dropped more for males than for females.

Delinquency rates among youths from minority groups and low-SES families are especially high compared with the overall proportions of these groups in the general population. However, such groups have less influence over the judicial decision-making process in the United States and therefore may be judged delinquent more readily than their non-Latino White, middle-SES counterparts.

One issue in juvenile justice is whether an adolescent who commits a crime should be tried as an adult (Fine & others, 2017). Some psychologists have proposed that individuals 12 and under should not be evaluated under adult criminal laws and that those 17 and older should be (Cauffman & others, 2015). They also recommend that individuals 13 to 16 years of age be given some type of individualized assessment to determine whether they will be tried in a juvenile court or an adult criminal court.

juvenile delinquent An adolescent who breaks the law or engages in behavior that is considered illegal.

What are some factors that are linked to whether adolescents will engage in delinquent acts?
©Bill Aron/PhotoEdit

Causes of Delinquency

What causes delinquency? Many reasons have been proposed, including heredity, identity problems, community influences, and family experiences. Erik Erikson (1968), for example, argues that adolescents whose development has restricted them from acceptable social roles, or made them feel that they cannot measure up to the demands placed on them, may choose a negative identity. Adolescents with a negative identity may find support for their delinquent image among peers, reinforcing the negative identity. For Erikson, delinquency is an attempt to establish an identity, even if it is a negative one.

Although delinquency is less exclusively a phenomenon of lower socioeconomic status (SES) than it was in the past, some characteristics of lower-SES culture might promote delinquency (Dawson-McClure & others, 2015). A recent study of more than 10,000 children and adolescents found that family environment characterized by poverty and child maltreatment was linked to entering the juvenile justice system in adolescence (Vidal & others, 2017). The norms of many lower-SES peer groups and gangs are antisocial, or counterproductive to the goals and norms of society at large. Getting into or staying out of trouble are prominent features of life for some adolescents in low-income neighborhoods. One study found that youth whose families had experienced repeated poverty were more than twice as likely to be delinquent at 14 and 21 years of age (Najman & others, 2010).

Certain characteristics of family support systems are also associated with delinquency (Muftic & others, 2018; Ray & others, 2017). Parental monitoring of adolescents is especially important in determining whether an adolescent becomes a delinquent (Bendezu & others, 2018). And one study found that low rates of delinquency from 14 to 23 years of age were associated with an authoritative parenting style (Mann & others, 2015). Further, research indicates that family therapy is often effective in reducing delinquency (Darnell & Schuler, 2015). An increasing number of studies have found that siblings can influence whether an adolescent becomes a delinquent (Laursen & others, 2017; Wallace, 2017). Peer relations also can influence delinquency (Kim & Fletcher, 2018; Prinstein & others, 2018). A recent study revealed that having friends who engage in delinquency was associated with early onset and more persistent delinquency (Evans, Simons, & Simons, 2016). And in a recent study of middle school adolescents, peer pressure for fighting and friends' delinquent behavior were linked to adolescents' aggression and delinquent behavior (Farrell, Thompson, & Mehari, 2017).

How Would You...?

As a **social worker**, how would you apply your knowledge of juvenile delinquency and adolescent development to improve the juvenile justice system?

Lack of academic success is associated with delinquency (Mercer & others, 2016). And a number of cognitive factors such as low self-control, low intelligence, and lack of sustained attention are linked to delinquency (Fine & others, 2016; Guo, 2018; Hipwell & others, 2018). Further, recent research indicates that having callous-unemotional personality traits predicts an increased risk of engaging in delinquency for adolescent males (Ray & others, 2017).

Rodney Hammond is an individual whose goal is to help at-risk adolescents, such as juvenile delinquents, cope more effectively with their lives. Read about his work in the *Careers in Life-Span Development* profile.

Depression and Suicide

What is the nature of depression in adolescence? What causes an adolescent to commit suicide?

Depression

Rates of ever experiencing major depressive disorder range from 15 to 20 percent for adolescents (Graber & Sontag, 2009). Adolescents who are experiencing a high level of stress and/or a loss of some type are at increased risk for developing depression

Careers in life-span development

Rodney Hammond, Health Psychologist

Describing his college experiences, Rodney Hammond said:

> When I started as an undergraduate at the University of Illinois, Champaign-Urbana, I hadn't decided on my major. But to help finance my education, I took a part-time job in a child development research program sponsored by the psychology department. There, I observed inner-city children in settings designed to influence their learning. I saw firsthand the contribution psychology can make, and I knew I wanted to be a psychologist. (American Psychological Association, 2003, p. 26)

Rodney Hammond went on to obtain a doctorate in school and community psychology with a focus on children's development. For a number of years he trained clinical psychologists at Wright State University in Ohio and directed a program to reduce violence in ethnic minority youth. There, he and his associates taught at-risk youth how to use social skills to effectively manage conflict and to recognize situations that could lead to violence. Hammond became the first Director of Violence Prevention at the Centers for Disease Control and Prevention in Atlanta, Georgia.

Rodney says that if you are interested in people and problem solving, psychology is a wonderful way to put these subjects together. Following his recent retirement from the Centers for Disease Control and Prevention, he is now Adjunct Professor of Human Development and Counseling at the University of Georgia.

Rodney Hammond counsels an adolescent and shows the risks of adolescence and how to effectively cope with them.
Courtesy of Dr. Rodney Hammond

(Cohen & others, 2018; Luyten & Fonagy, 2018; Teivaanmaki & others, 2018). Also, a recent study found that adolescents who became depressed were characterized by a sense of hopelessness (Weersing & others, 2016).

Adolescent females are far more likely to develop depression than are their male counterparts. In a recent study, at 12 years of age, 5.2 percent of females compared with 2 percent of males had experienced first-onset depression (Breslau & others, 2017). In this study, the cumulative incidence of depression from 12 to 17 years of age was 36 percent for females and 14 percent for males. Among the reasons for this gender difference are that females tend to ruminate in their depressed mood and amplify it; females' self-images, especially their body images, are more negative than males'; females face more discrimination than males do; and puberty occurs earlier for girls than for boys (Kouros, Morris, & Garber, 2016). As a result, girls experience a confluence of changes and life experiences in the middle school years that can increase depression (Chen & others, 2015).

Is adolescent depression linked to problems in emerging and early adulthood? One study initially assessed U.S. adolescents when they were 16 to 17 years of age and then again every two years until they were 26 to 27 years of age (Naicker & others, 2013). In this study, significant effects that persisted after 10 years were depression recurrence, stronger depressive symptoms, migraine headaches, poor self-rated health, and low levels of social support. Adolescent depression was not associated with employment status, personal income, marital status, and educational attainment a decade later.

Genes are linked to adolescent depression (Hannigan, McAdams, & Eley, 2017; Van Assche & others, 2017). One study found that certain dopamine-related genes were associated with depressive symptoms in adolescents (Adkins & others, 2012). Another study revealed that the link between adolescent girls' perceived stress and depression occurred only when the girls had the short version of the serotonin-related gene—5HTTLPR (Beaver & others, 2012).

Poor relationships are linked to adolescent depression. A recent study found that adolescents who were isolated from their peers and whose caregivers emotionally

neglected them were at significant risk for developing depression (Christ, Kwak, & Lu, 2017). Certain family factors place adolescents at risk for developing depression (Bleys & others, 2018; Dardas, van de Water, & Simmons, 2018; Oppenheimer, Hankin, & Young, 2018; Possel & others, 2018). These include having a depressed parent, emotionally unavailable parents, parents who have high marital conflict, and parents with financial problems. One study also revealed that mother-adolescent co-rumination, especially when focused on the mother's problems, was linked to adolescents' depression (Waller & Rose, 2010). Also, another study found that positive parenting characteristics such as emotional and educational support were associated with less depression in adolescents (Smokowski & others, 2015).

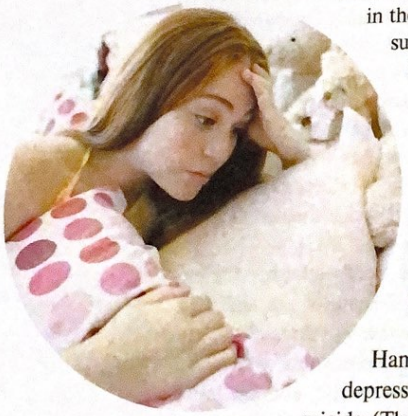
Poor peer relationships also are associated with adolescent depression (Rose & Smith, 2018; Siennick & others, 2017). Not having a close relationship with a best friend, having less contact with friends, having friends who are depressed, and experiencing peer rejection all increase depressive tendencies in adolescents (Platt, Kadosh, & Lau, 2013). Also, in a recent study, co-rumination with friends was linked to greater peer stress for adolescent girls (Rose & others, 2017). Further, problems in romantic relationships can produce adolescent depression (Furman, 2018).

A research review concluded that drug therapy using serotonin reuptake inhibitors, cognitive behavioral therapy, and interpersonal therapy are effective in treating adolescent depression (Maalouf & Brent, 2012). However, the most effective treatment was a combination of drug therapy and cognitive behavioral therapy. Another research review concluded that Prozac and other SSRIs (selective serotonin reuptake inhibitors) show clinical benefits for adolescents at risk for moderate and severe depression (Cousins & Goodyer, 2015). Other recent research indicates that family therapy also can be effective in reducing adolescent depression (Poole & others, 2018).

Suicide

Suicide behavior is rare in childhood but escalates in adolescence and then increases further in emerging adulthood (Park & others, 2006). Suicide is the third-leading cause of death in 10- to 19-year-olds today in the United States (Centers for Disease Control and Prevention, 2018).

Although a suicide threat should always be taken seriously, far more adolescents contemplate or attempt it unsuccessfully than actually commit it (Castellvi & others, 2017). In the last two decades there has been a considerable decline in the percentage of adolescents who think seriously about committing suicide, although from 2009 to 2015 this percentage increased from 14 to 18 percent (Kann & others, 2016a). In this national study, in 2015, 8.6 percent attempted suicide and 2.8 percent engaged in suicide attempts that required medical attention.



What are some characteristics of adolescents who become depressed? What are some factors that are linked with suicide attempts by adolescents?

©Science Photo Library/ age fotostock

Females are more likely to attempt suicide than males, but males are more likely to succeed in committing suicide (Ivey-Stephenson & others, 2017). Males use more lethal means, such as guns, in their suicide attempts, whereas adolescent females are more likely to cut their wrists or take an overdose of sleeping pills—methods that are less likely to result in death.

Suicidal adolescents often have depressive symptoms (Lee & Ham, 2018). Although not all depressed adolescents are suicidal, depression is the most frequently cited factor associated with adolescent suicide (Thompson & Swartout, 2017). In a recent study, the most significant factor in a first suicide attempt during adolescence was a major depressive episode, while for children it was child maltreatment (Peyre & others, 2017). Also, in another recent study, a sense of hopelessness predicted an increase in suicidal ideation in depressed adolescents (Wolfe & others, 2018).

Both earlier and later experiences are linked to suicide attempts, and these can involve family relationships (Bjorkenstam, Kosidou, & Bjorkenstam, 2017; King & others, 2017; Lee & others, 2018). One study found that family discord and negative relationships with parents were associated with increased suicide attempts by depressed adolescents (Consoli & others, 2013). In two recent studies, child maltreatment during

ow Would You...?

a psychologist, how would you
k with an adolescent who has
t threatened suicide?

the childhood years was linked with suicide attempts in adulthood (Park, 2017; Turner & others, 2017). Also, a recent study confirmed that early sexual abuse is linked to suicidal behavior (Ng & others, 2018). Further, a recent study indicated that adolescents who were being treated in a suicide clinic experienced lower family cohesion than nonclinical adolescents and adolescents being treated at a general psychiatric clinic (Jakobsen, Larsen, & Horwood, 2017). Recent and current stressful circumstances, such as getting poor grades in school or experiencing the breakup of a romantic relationship, also may trigger suicide attempts (Im, Oh, & Suk, 2017).

Further, being victimized by bullying is associated with suicide-related thoughts and behavior (Barzilay & others, 2017; Pham & Adesman, 2018). A recent meta-analysis revealed that adolescents who were the victims of cyberbullying were 2½ times more likely to have suicidal thoughts than nonvictims (John & others, 2018). Cyberbullying has been found to be more strongly associated with suicidal ideation than traditional bullying (van Geel, Vedder, & Tanilon, 2014).

The Interrelation of Problems and Successful Prevention/Intervention Programs

The four problems that affect the most adolescents are (1) drug abuse, (2) juvenile delinquency, (3) sexual problems, and (4) school-related problems (Dryfoos, 1990; Dryfoos & Barkin, 2006). The adolescents most at risk have more than one of these problems.

Researchers are increasingly finding that problem behaviors in adolescence are interrelated. For example, heavy substance abuse is related to early sexual activity, lower grades, dropping out of school, and delinquency (Belenko & others, 2017). Early initiation of sexual activity is associated with the use of cigarettes and alcohol, the use of marijuana and other illicit drugs, lower grades, dropping out of school, and delinquency (Lowry & others, 2017). Delinquency is related to early sexual activity, early pregnancy, substance abuse, and dropping out of school (Marotta, 2017; Rioux & others, 2018). As many as 10 percent of adolescents in the United States have been estimated to engage in all four of these problem behaviors (for example, adolescents who have dropped out of school are behind in their grade level, are users of heavy drugs, regularly use cigarettes and marijuana, and are sexually active but do not use contraception). In 1990, it was estimated that another 15 percent of high-risk youth engaged in two or three of the four main problem behaviors (Dryfoos, 1990). More recently, this estimate was increased from the 15 percent figure in 1990 to 20 percent of all adolescents in 2006 (Dryfoos & Barkin, 2006).

A review of the programs that have been successful in preventing or reducing adolescent problems found these common components (Dryfoos, 1990; Dryfoos & Barkin, 2006):

1. *Intensive individualized attention.* In successful programs, high-risk adolescents are attached to a responsible adult who gives the adolescent attention and deals with the adolescent's specific needs (Crooks & others, 2017; Plourde & others, 2017). This theme occurs in a number of programs. In a successful substance-abuse program, for example, a student assistance counselor is available full-time for individual counseling and referral for treatment.
2. *Community-wide multiagency collaborative approaches.* The basic philosophy of community-wide programs is that a number of different programs and services have to be in place (Trude & others, 2018). In one successful substance-abuse program, a community-wide health promotion campaign has been implemented that uses local media and community education in concert with a substance-abuse curriculum in the schools.

What are some strategies for preventing and intervening in adolescent problems?
©Image Source/Alamy

Early identification and intervention. Reaching younger children and their families before children develop problems, or at the onset of their problems, is a successful strategy (Almy & Cicchetti, 2018; Mash & Wolfe, 2019). One preschool program serves as an excellent model for the prevention of delinquency, pregnancy, substance abuse, and dropping out of school. Operated by the High/Scope Foundation in Ypsilanti, Michigan from 1962 to 1967, the Perry Preschool has had a long-term positive impact on its students. This enrichment program, directed by David Weikart, served disadvantaged African American children. They attended a high-quality, two-year preschool program and received weekly home visits from program personnel. Based on official police records, by age 19, individuals who had attended the Perry Preschool program were less likely to have been arrested and reported fewer adult offenses than a control group did. The Perry Preschool students also were less likely to drop out of school, and teachers rated their social behavior as more competent than that of a control group who had not received the enriched preschool experience (High/Scope Resource, 2005).