

ADOLSCENSE DEVELOPMENT

(Identity Self Concept, Self Esteem, Peer Group Relationship)

Adolescence is known to be a period of exploratory self-analysis and self-evaluation ideally culminating in the establishment of a cohesive and integrative sense of self or identity. The search for identity, during the adolescent period, is very much affected by the social world: peers, parents, schools, and neighborhoods. Identity formation involves the successful negotiation of a variety of activities and relationships during adolescence, including school achievement, social relations with others, and development of career interests and choices, along with a great deal of exploration of different activities and roles. One's gender, ethnicity, and sexual orientation all are important to adolescents' developing identity. Integrating these experiences and characteristics into a coherent sense of self is fundamental to identity formation, and researchers have proposed different phases of the identity development process. Adolescents' focus on identity as their understanding of that childhood is ending and the adult phase of their life is about to begin.

Identity development involves two steps. First, the adolescent must break away from childhood beliefs to explore alternatives for identity in a particular area. Second, the adolescent makes a commitment as to their individual identity in that area. Some aspects of identity, especially among young adolescents, may be foreclosed. The foreclosure status is when a commitment is made without exploring alternatives. Identity achievement during adolescence serves as a basis for our adult expectations and goals for us. As individuals enter early adulthood they use their current understanding of whom they are to develop a lifespan construct which serves as the link between the identity developed in adolescence and the adult self. The lifespan construct is an integration of an individual's past, present, and culture. An identity crisis is a term in an epigenetic and social psychological theory in which an individual loses a sense of personal sameness and historical continuity. The term was coined by the psychologist Erik Erikson. According to Erikson, an identity crisis is a time of intensive analysis and exploration of different ways of looking at oneself.

According to *Erikson*, an *identity crisis* is a time of intensive analysis and exploration of different ways of looking at oneself. Erikson's interest in identity began in childhood. Erikson described identity as "a subjective sense as well as an observable quality of personal sameness and continuity, paired with some belief in the sameness and continuity of some shared world image.

In Marcia's model, identity involves the adoption of

1) *a sexual orientation*

2) *a set of values and ideals*

3) *a vocational direction.*

A well-developed identity gives one a sense of one's strengths, weaknesses, and individual uniqueness.

The self-concept is the accumulation of knowledge about the self, such as beliefs regarding personality traits, physical characteristics, abilities, values, goals, and roles. In adolescence, the self-concept becomes more abstract, complex, and hierarchically organised into cognitive mental representations or self-schemas, which direct the processing of self-relevant information. Self-concept or self-identity is the sum total of a being's knowledge and understanding of his or her self. The self-concept is different from self-consciousness, which is an awareness of one's self. Components of the self-concept include physical, psychological, and social attributes, which can be influenced by the individual's attitudes, habits, beliefs and ideas. These components and attributes cannot be condensed to the general concepts of self-image and the self-esteem.

Self-concept refers to self-evaluation or self perception, and it represents the sum of an individual's beliefs about his or her own attributes. Self concept reflects how an adolescent evaluates himself or herself in *domains* (or areas) in which he or she considers success important. An adolescent can have a positive self-concept in some domains and a negative self-concept in others. Adolescent egocentrism is also characterised by an imaginary audience with an increased self consciousness. They consider that their people around them especially peers observe their activities and may comment on them. They are extremely conscious of what others think of them, their appearance and everything related to themselves. This way they perceive themselves as seen by them contributing to the development of self confidence.

Identity in Adolescence

Adolescence is known to be a period of exploratory self-analysis and self-evaluation ideally culminating in the establishment of a cohesive and integrative sense of self or identity. This process involves the exploration and testing of alternative ideas, beliefs, and behaviours, marking this period as one of both dramatic change and uncertainty. Erikson provided perhaps the most widely recognised theoretical framework for conceptualising the transformation of the self during adolescence. This framework provides for the development of a sense of one's individuality (self-sameness) and continuity with significant others.

Identity is a new way of thinking about oneself that emerges during adolescence. Identity

involves a sense of self-unity, accompanied by a feeling that the self has continuity over time. A firmly established identity also provides a sense of uniqueness as a person. According to Erikson's psychosocial model of development, identity must be perceived by the individual, but also recognised and confirmed by others. Thus, the process of establishing an identity involves "Integrating into a coherent whole one's past experiences, ongoing personal changes, and society's demands and expectations for one's future"

The process of developing an identity begins with the infant's discovery of self, continues throughout childhood, and becomes the focus of adolescence. Erik Erikson, identified the goal of adolescence as achieving a coherent identity and avoiding identity confusion. Identity is multidimensional and may include physical and sexual identity, occupational goals, religious beliefs, and ethnic background. Adolescents explore these dimensions, and usually make commitments to aspects of their identity as they move into early adulthood.

Identity development begins with children's awareness that they are separate and unique individuals. First indications of this awareness are evident in infancy when children begin to recognise themselves. They recognise the reflected image as themselves. Also, the words "me," "I," and "mine" emerge very early in children's language. These findings are consistent with Erikson's psychosocial stage of autonomy versus shame and doubt, when infants establish their identity as independent persons.

During childhood, self-awareness grows and changes. Preschoolers describe themselves in terms of observable characteristics and behaviours, including physical attributes ("I have brown eyes"), preferences ("I like to ride my bike"), and competencies ("I can sing 'Itsy, Bitsy Spider'"). Between ages six and twelve, children begin to include less concrete aspects of the self in their descriptions. School- aged children talk about their feelings ("I love my dog") and how they fit into their social world ("I'm the best fielder on my team"). During Erikson's stage of initiative versus guilt children explore their skills, abilities, and attitudes and incorporate the information into their view of self.

As children edge closer and closer to adulthood, it seems they reach a point where they want to be defined by anything BUT their parents. They stop wanting to spend time with family, and may even detest being seen with their parents. "Please drop me off a block from school, Mom. I want to walk the rest of the way." These words are painful to a mother who has devoted many years of her life to meeting all of her teenage son's needs. Suddenly, he's embarrassed to be seen in the same car with her.

The process of separation from parents is a natural one. Erik Erikson was the first major psychological theorist to develop the notion of an adolescent “*identity crisis*.” In his view, all of the earlier crystallisations of identity formed during childhood come into question during adolescence with the overwhelming combination of physical changes, increased sex drive, expanded mental abilities, and increasing and conflicting social demands. To develop a sense of identity amidst the confusion, Erikson stated in *Identity: Youth and Crisis* that adolescents need to try on a variety of roles and “must often test extremes before settling on a considered course.”

At this stage, adolescents often reject their parents, and all that they stand for so that they can make a clean break from childhood as they attempt to form an identity of their own. They are hungry for role models and can be rather indiscriminate about where they find them. With their sense of identity in flux, teens will often turn to peer groups for that missing sense of belonging. This explains some of the cult-like tendencies amongst early adolescents to worship the same heroes (movie stars, singers), wear the same clothes and “rebel” against traditional authority. The interesting thing about this so-called rebellion is that it’s often actually another form of conformity —Gina wants a tattoo or a navel ring because everyone else is getting them. Everyone has platform shoes so she’ll feel like an outcast if she’s not wearing them.

At this stage of development (usually early teens), role models can make a critical difference in choices adolescents make, choices that could affect the course of their lives. At this age, teens have a strong need to idealize others, especially those who are older and more worldly, qualities they desperately want to possess. They can be as easily awed by an older (that is, 18- or 19-year-old) guy who drives a fancy car and pushes drugs, as by a sports hero who espouses clean living, hard work and dedication. The physical, cognitive, and social changes of adolescence allow the teenager to develop the identity that will serve as a basis for their adult lives. During Erikson’s stage of identity versus role confusion, adolescents’ description of self-expands to include personality traits (“I’m outgoing”) and attitudes (“I don’t like stuck-up people”). The emergence of abstract reasoning abilities allows adolescents to think about the future and experiment with different identities.

Identity development involves two steps. First, the adolescent must break away from childhood beliefs to explore alternatives for identity in a particular area. Second, the adolescent makes a commitment as to their individual identity in that area. Some aspects of identity, especially among young adolescents, may be foreclosed. The foreclosure status is when a commitment is made without exploring alternatives. Identity achievement during adolescence serves as a basis for

our adult expectations and goals for us. As individuals enter early adulthood they use their current understanding of whom they are to develop a lifespan construct which serves as the link between the identity developed in adolescence and the adult self. The lifespan construct is an integration of an individual's past, present, and culture.

IDENTITY CRISIS

Are you unsure of your role in life? Do you feel like you don't know the 'real you'? If you answer yes to the previous questions, you may be experiencing an identity crisis. Theorist Erik Erikson coined the term *identity crisis* and believed that it was one of the most important conflicts people face in development. An identity crisis is a term in an epigenetic and social psychological theory in which an individual loses a sense of personal sameness and historical continuity. The term was coined by the psychologist Erik Erikson.

According to Erikson, an identity crisis is a time of intensive analysis and exploration of different ways of looking at oneself.

According to Erikson, an identity crisis is a time of intensive analysis and exploration of different ways of looking at oneself. Erikson's interest in identity began in childhood.

Erikson described identity as "a subjective sense as well as an observable quality of personal sameness and continuity, paired with some belief in the sameness and continuity of some shared world image. As a quality of unself-conscious living, this can be gloriously obvious in a young person who has found himself as he has found his communality. In him we see emerge a unique unification of what is irreversibly given—that is, body type and temperament, giftedness and vulnerability, infantile models and acquired ideals—with the open choices provided in available roles, occupational possibilities, values offered, mentors met, friendships made, and first sexual encounters." In Erik Erikson's stages of psychosocial development, the emergence of an identity crisis occurs during the teenage years in which people struggle between feelings of identity versus role confusion. Researcher James Marcia (1966, 1976, 1980) has expanded upon Erikson's initial theory.

James Marcia argued that identity could be viewed as a structure of beliefs, abilities and past experiences regarding the self. "The better developed this structure is, the more individuals appear to be of their own strengths and weaknesses. The less developed this structure is, the more confused individuals seem to be about their own distinctiveness from others and the more they have to rely on external sources to evaluate themselves." Identity is a dynamic, not static psychological structure. The formation of identity in adolescence sets the stage for continual changes

in the content of identity through the adult years.

Marcia's Identity Statuses

James Marcia refined and extended Erikson's work on identity. In Marcia's model, identity involves the adoption of *1) a sexual orientation, 2) a set of values and ideals and 3) a vocational direction*. A well-developed identity gives one a sense of one's strengths, weaknesses, and individual uniqueness. A person with a less well-developed identity is not able to define his or her personal strengths and weaknesses, and does not have a well-articulated sense of self.

Marcia (1966) operationalised the stage progression theory of identity development proposed by Erikson by identifying four identity statuses: diffusion, foreclosure, moratorium, and achievement. Through the use of a semistructured interview, an individual could be assigned an identity status on the basis of the evidence of crisis and commitment in the domains of occupation, religion, and politics. Since its inception, Marcia's interview has stimulated a wide range of research in the area of identity formation. To better understand the identity formation process, Marcia conducted interviews with young people. He asked whether the participants in his study (1) had established a commitment to an occupation and ideology and (2) had experienced, or were presently experiencing, a decision making period (adolescent identity crisis). Marcia developed a framework for thinking about identity in terms of four identity statuses. It is important to note that these are NOT stages. Identity statuses should not be viewed as sub stages in a sequential or linear process.

- 1) *Foreclosure*: These people have made commitments to an occupational future, but have not experienced an identity crisis. They have conformed to the expectations of others concerning their future. For example, an individual may have allowed a parent to decide what career they will pursue. These individuals have not explored a range of options (experience an "identity crisis").
- 2) *Diffusion*: The young person has not made a commitment, and may or may not have experienced an identity crisis. He or she appears to have given up any attempt to make the commitments needed for developing a clear sense of identity as Marcia defines the term.
- 3) *Moratorium*: Individuals in moratorium are actively exploring alternative commitments, but have not yet made a decision. They are experiencing an identity crisis, but appear to be moving forward toward identity formation, making commitments.
- 4) *Achievement*: The individual has experienced an identity crisis and has made commitments

necessary for building a sense of identity as described above.

The core idea is that one's sense of identity is determined largely by the choices and commitments made regarding certain personal and social traits. The work done in this paradigm considers how much one has made certain choices, and how much he or she displays a commitment to those choices. *Identity involves the adoption of*

1. a sexual orientation,
2. a set of values and ideals and
3. a vocational direction.

A well-developed identity gives one a sense of one's strengths, weaknesses, and individual uniqueness. A person with a less well-developed identity is not able to define his or her personal strengths and weaknesses, and does not have a well articulated sense of self.

SOCIAL DEVELOPMENT

Adolescence is a time when parental influences decrease and peer influences increase. Adolescence is a time when the individual searches for her own identity. These happen by the youngsters interactions with her peers and many outsiders including her teachers, neighborhood adults and others. Same sex hero worship is quite common during this period. Also they are highly swayed and impressed by the idealism of heroes and social workers. At this age they enjoy doing work for others, and love to serve the community. They take up examples of great pioneers and try to mould themselves like them. They may also like to imitate film heroes and try to do things like them. All these efforts contribute in a big way to the youngsters self identity.

Adolescence begins with the physical changes that lead to sexual maturity however studies in the recent years have shown that puberty is occurring at an earlier age so also the physical development. Adolescents experience many moods and are more prone to mood swings (Myers, 2004). The cognitive development that takes place during this time gives adolescents the ability to reason. These advancing reasoning skills allow adolescents to ponder several options and possibilities to many social situations and experiences. They are able to think more logically than when they were younger. They are also able to think hypothetically, even abstractly.

SELF CONCEPT AND SELF ESTEEM IN ADOLESCENCE

The *self-concept* is the accumulation of knowledge about the self, such as beliefs regarding personality traits, physical characteristics, abilities, values, goals, and roles. In adolescence, *the self-concept becomes more abstract, complex, and hierarchically organised into cognitive mental*

representations or self-schemas, which direct the processing of self-relevant information.

Self-concept—the way in which one perceives oneself—can be divided into categories, such as personal self-concept (facts or one’s own opinions about oneself, such as “I have brown eyes” or “I am attractive”); social self-concept (one’s perceptions about how one is regarded by others: “people think I have a great sense of humor”); and self-ideals (what or how one would like to be: “I want to be a lawyer” or “I wish I were thinner”).

Self-concept or self-identity is the sum total of a being’s knowledge and understanding of his or her self. The self-concept is different from self-consciousness, which is an awareness of one’s self. Components of the self-concept include physical, psychological, and social attributes, which can be influenced by the individual’s attitudes, habits, beliefs and ideas. These components and attributes can not be condensed to the general concepts of self-image and the self-esteem.

Self-concept refers to self-evaluation or self-perception, and it represents the sum of an individual’s beliefs about his or her own attributes. Self-concept reflects how an adolescent evaluates himself or herself in *domains* (or areas) in which he or she considers success important. An adolescent can have a positive self-concept in some domains and a negative self-concept in others.

Teachers, administrators, and parents commonly voice concerns about students’ self-esteem. Its significance is often exaggerated to the extent that low self-esteem is viewed as the cause of all evil and high self-esteem as the cause of all good. Promoting high self-concept is important because it relates to academic and life success. Although the terms *self-concept* and *self-esteem* are often used interchangeably, they represent different but related constructs. *Self-concept* refers to a student’s perceptions of competence or adequacy in academic and nonacademic (example, social, behavioural, and athletic) domains and is best represented by a profile of self-perceptions across domains. *Self-esteem* is a student’s overall evaluation of him- or herself, including feelings of general happiness and satisfaction.

- ***Self-concept and academic achievement:*** Self-concept is frequently positively correlated with academic performance, but it appears to be a consequence rather than a cause of high achievement. This is a common assumption that an individual’s high academic performance results in their self-concept. Whereas, the high academic performance is the result of individual’s self-concept.
- ***Self-concept and aggression:*** Another popular assumption is that aggressive students have low self-concept and use aggression as a means of raising it.

- ***Self-concept, depression, and use of illegal substances:*** Low self-concept is often considered a defining characteristic of depression, but the evidence for this is weak. Similarly, although some evidence suggests that low self-concept may be a weak risk factor for smoking in girls, the relationship between self-concept and the use of alcohol and illegal drugs has little support.

An adolescent's self-concept is dynamic, and causality is complex. That is, problems and difficulties can lower self-concept; but low self-concept can also cause problems. For adolescents, having a high academic self-concept is associated with positive academic performance and having a high physical self-concept is related to increased physical activity, for example.

Signs of Negative Self Concept in Adolescents

Several signs may indicate that an adolescent has a negative self-concept. These may include one or more of the following:

- Doing poorly in school;
- Having few friends;
- Putting down one self and others;
- Rejecting compliments;
- Teasing others;
- Showing excessive amounts of anger;
- Being excessively jealous;
- Appearing conceited; or
- Hesitating to try new things.

Strategies that can be used to improve an adolescent's self-concept include providing praise for accomplishments, praising effort, working with the individual to encourage improvement in areas where he or she feels deficient, and refraining from using negative feedback. Self esteem is the one important factor required by anybody to succeed in life. It is a well proven concept that if you can build self esteem at your adolescent period it will last all through your life. Adolescence is one period in which boys and girls faces with many problems and issues. It is necessary that adolescent self esteem to be at top to face the problems faced with adolescent period. Many teenagers will have low self esteem and it is imperative to know major reasons for low self esteem and find out ways and means to combat the low self esteem. It is highly advisable to make dedicated efforts to bring up the self esteem.

There are many causes for the lack of self esteem:

- ***Hereditary*** is a main factor for low self esteem. If the parents are introverts and they never mingle with people for fear of their inability, the chances that children have low esteem are more.
- ***The living conditions:*** The surrounding in which you live also affects the lack of self esteem. If the child is brought up in a poor environment without giving proper attention to make him excel in his fields or deprived of doing good activities, the low self esteem at the adolescent stage is possible.
- ***Lack of proper education:*** is another factor affecting the self esteem. Uneducated children will develop lack of self esteem as they will face problems in interacting with the educated of their age.
- ***Physiological:*** Adolescence is a period when major physical changes occur in boys and girls. The gender hormones start the functioning in full swing during this period. Many children face problems during this change unable to cope with the changes occurring in their body and behaviour.
- ***Societal implications:*** During the adolescent stage of a child, society put many restrictions in their behaviours and attitudes. Girls will be automatically tempted to move away from the boys and boys are restricted to mingle with girls during the period. This makes them feel that there are some things to be afraid. This will automatically make them fear in a natural interaction.
- ***Fear about future:*** During the late periods of adolescence, the children will seriously think about their future and in many cases they will get depressed of their future. Unemployment, dating problems, insecurity, lack of financial backgrounds and many such factors make the adolescents afraid of facing the world.
- ***Diseases and other physical ailments:*** These children will be thinking that they are debris in the world. These thinking processes make them to keep away from others and they can become agitated.

There are many such reasons for low self esteem of adolescents. If proper care is not given, the low self esteem gradually will lead to many physical and mental ailments. It is important to bring up the adolescents with high self esteem.

Egocentrism in Adolescence

An important aspect of the psychological development contributing to the adolescent period is adolescent egocentrism. **According to Elkind (1967)**, adolescent egocentrism includes a belief system carried by adolescents that makes them consider themselves as special and unique. This feeling is accompanied by the acquisition of many new psychological abilities. Adolescent egocentrism is also characterised by an imaginary audience with an increased self consciousness. They consider that their people around them especially peers observe their activities and may comment on them. They are extremely conscious of what others think of them, their appearance and everything related to themselves. This way they perceive themselves as seen by them contributing to the development of self confidence. Adolescence is known to be a period of exploratory self-analysis and self-evaluation ideally culminating in the establishment of a cohesive and integrative sense of self or identity. The search for identity, during the adolescent period, is very much affected by the social world: peers, parents, schools, and neighborhoods.

This process involves the exploration and testing of alternative ideas, beliefs, and behaviours, marking this period as one of both dramatic change and uncertainty. Erikson provided perhaps the most widely recognised theoretical framework for conceptualising the transformation of the self during adolescence. As children edge closer and closer to adulthood, it seems they reach a point where they want to be defined by anything BUT their parents. They stop wanting to spend time with family, and may even detest being seen with their parents. “Please drop me off a block from school, Mom. I want to walk the rest of the way.” These words are painful to a mother who has devoted many years of her life to meeting all of her teenage son’s needs. Suddenly, he’s embarrassed to be seen in the same car with her. The process of separation from parents is a natural one. **Erik Erikson** was the first major psychological theorist to develop the notion of an adolescent *“identity crisis.”* In his view, all of the earlier crystallisations of identity formed during childhood come into question during adolescence with the overwhelming combination of physical changes, increased sex drive, expanded mental abilities, and increasing and conflicting social demands. To develop a sense of identity amidst the confusion, Erikson stated in *Identity: Youth and Crisis* that adolescents need to try on a variety of roles and “must often test extremes before settling on a considered course.”

According to Erikson, an identity crisis is a time of intensive analysis and exploration of different ways of looking at oneself. Erikson’s interest in identity began in childhood. Erikson described identity as “a subjective sense as well as an observable quality of personal sameness and continuity, paired with some belief in the sameness and continuity of some shared world image. As a quality of

unself-conscious living, this can be gloriously obvious in a young person who has found himself as he has found his communality. In him we see emerge a unique unification of what is irreversibly given—that is, body type and temperament, giftedness and vulnerability, infantile models and acquired ideals—with the open choices provided in available roles, occupational possibilities, values offered, mentors met, friendships made, and first sexual encounters.”

Marcia (1966) operationalised the stage progression theory of identity development proposed by Erikson by identifying four identity statuses: diffusion, foreclosure, moratorium, and achievement. Through the use of a semistructured interview, an individual could be assigned an identity status on the basis of the evidence of crisis and commitment in the domains of occupation, religion, and politics. Since its inception, Marcia’s interview has stimulated a wide range of research in the area of identity formation. The self-concept is the accumulation of knowledge about the self, such as beliefs regarding personality traits, physical characteristics, abilities, values, goals, and roles. In adolescence, the self-concept becomes more abstract, complex, and hierarchically organised into cognitive mental representations or self-schemas, which direct the processing of self-relevant information.

Self-concept refers to self-evaluation or self perception, and it represents the sum of an individual’s beliefs about his or her own attributes. Self concept reflects how an adolescent evaluates himself or herself in *domains* (or areas) in which he or she considers success important. An adolescent can have a positive self-concept in some domains and a negative self-concept in others. Self esteem is the one important factor required by anybody to succeed in life. It is a well proven concept that if you can build self esteem at your adolescent period it will last all through your life. Adolescence is one period in which boys and girls faces with many problems and issues. It is necessary that adolescent self esteem to be at top to face the problems faced with adolescent period. Many teenagers will have low self esteem and it is imperative to know major reasons for low self esteem and find out ways and means to combat the low self esteem. It is highly advisable to make dedicated efforts to bring up the self esteem.

PROBLEMS DURING ADOLESCENCE

Adolescence can be described as a phase of life beginning in biology and ending in society. Adolescence may be defined as the period within the life span when most of a person’s biological, cognitive, psychological, and social characteristics are changing from what is typically considered childlike to what is considered adult-like. For the adolescent, this period is a dramatic challenge, one requiring adjustment to changes in the self, in the family, and in the peer group. In contemporary

society, adolescents experience institutional changes as well. Among young adolescents, there is a change in school setting, typically involving a transition from elementary school to either junior high school or middle school; and in late adolescence, there is a transition from high school to the worlds of work, university, or childrearing. Understandably, then, for both adolescents and their parents, adolescence is a time of excitement and of anxiety; of happiness and of troubles; of discovery and of bewilderment; and of breaks with the past and of links with the future. Adolescence can be a confusing time—for the adolescent experiencing this phase of life, for the parents who are nurturing the adolescent during his or her progression through this period, and for other adults charged with enhancing the development of youth during this period. The hopes, challenges, fears, and successes of adolescence have been romanticised or dramatised in novels, short stories, and news articles. It is commonplace to survey a newsstand and to find a magazine article describing the “stormy years” of adolescence, the new crazes or fads of youth, or the “explosion” of problems with teenagers (e.g. crime or sexuality). Until the past 20-25 years, when medical, biological, and social scientists began to study intensively the adolescent period, there was relatively little sound scientific information available to verify or refute the literary characterisations of adolescence. Today, however, such information does exist, and it is clear that although adolescence presents many challenges, the evidence is not consistent with the frequently reported belief that adolescence is a protracted period of storm and stress for most individuals.

Adolescents yearn to develop a unique and independent identity, *separate* from their parents. Yes, they love their parents, but they do not simply want to follow in their foot steps. They challenge their parents in any way they can. They disobey their rules; criticize their “old fashioned” values; they discard their suggestions. Experienced parents know that sometimes they have to be very “political” approaching their adolescent children, if they are going to get their point across. On the other hand, adolescents give a lot of credit to their peers. They yearn to belong to a peer group which would define and support their identity. They may attempt to do things very much out of character just to gain the approval and acceptance of their peers. They tend to hide their weaknesses and exaggerate their strengths. Of course, what adolescents consider as “weakness” or “strength” may sometimes shock their parents.

CHALLENGES OF ADOLESCENCE

Adolescence may be defined as the period within the life span when most of a person’s biological, cognitive, psychological, and social characteristics are changing from what is typically considered childlike to what is considered adult-like. For the adolescent, this period is a dramatic challenge, one requiring adjustment to changes in the self, in the family, and in the peer group. In

contemporary society, adolescents experience institutional changes as well. Among young adolescents, there is a change in school setting, typically involving a transition from elementary school to either junior high school or middle school; and in late adolescence, there is a transition from high school to the worlds of work, university, or childrearing.

Adolescence is a period that is full of challenges. This is a time when a teenager undergoes a lot of changes, physically, chemically and emotionally. The adolescent's life changes dramatically wherein he or she starts having increased hormone levels, the thought process changes, and so also the social life. The teenager has to deal with all these changes at the same time, and this can be extremely challenging. During adolescence, parents should play a highly supportive role. They have all the necessary experience, resources and maturity to make this transition as easy as possible. Parents have to first of all understand the convoluted and conflicting requirements of a teenager.

During adolescence, a teenager is trying to carve out his or her own identity that is completely separate from their parents. No doubt teenagers love their parents, but they do not want to follow in the foot steps of the parents. They try to challenge their parents' authority in every possible way and also pay no heed to suggestions given by their parents. Instead adolescents prefer to spend more time with their peers and give all the credit to them. They yearn to be accepted by their peers and go out of their way to gain this acceptance. They end up highlighting their strengths and playing down their weaknesses. Another challenge during adolescence is shunning social interaction with parents and other adults. They prefer to be with their peers. However, this same preference can also lead to anxiety and depression among some adolescents.

There are multiple pathways through adolescence. Interindividual (between-person) differences and intra-individual (within-person) changes in development are the "rule" in this period of life. Normal adolescent development involves such variability. Temperamental characteristics involving mood and activity level are good example. There are differences among adolescents in such characteristics, which may influence adolescent behaviours such as substance use and delinquency. There is also diversity between and within all ethnic, racial, or cultural minority groups. Therefore, generalisations that: confound class, race, and/or ethnicity are not useful. Adolescence is full of challenges for any individual. The change is fast, everywhere, and hard to keep up with: The body changes in response to increasing levels of sex hormones; the thinking process changes as the child is able to think more broadly and in an abstract way; the social life changes as new people and peers come into scope. Yet the child needs to deal with every single one of these changes, all at the same time! With their willingness to help, that's where the parents come in, who

have “been there”, with the life experience, maturity and resources. So, how can parents help? Recognising the complex and sometimes conflicting needs of an adolescent would be a good point to start. Adolescents yearn to belong to a peer group which would define and support their identity. They may attempt to do things very much out of character just to gain the approval and acceptance of their peers. They tend to hide their weaknesses and exaggerate their strengths. Of course, what adolescents consider as “weakness” or “strength” may sometimes shock their parents. Youngsters with autism bring their special flavor to the adolescence, essentially determined by the levels of three ingredients: ***interest, avoidance and insight.***

- ***Level of interest:*** Since all forms of autism has an impact on social development by definition, most adolescents with moderate to severe autism will show little or no interest in others. They may seem to be totally unaware of their peers’ presence or they may appear indifferent when peers try to interact. As autism gets less severe, the level of interest in peers usually increases. For these youngsters, the quality of social interactions mostly depends on the levels of avoidance and insight.
- ***Level of avoidance:*** In the social development of adolescents who show some interest in peer interactions, social anxiety and resultant avoidance play an important role. Some youngsters get very nervous just with the thought of approaching others and may choose to avoid it at all costs. Their avoidance may appear as if they are not interested in others. It is important to differentiate this since anxiety can be treated much more easily than genuine lack of interest. For adolescents with autism who show interest in peers and do not avoid contact, the quality of social interactions will depend on the level of insight.
- ***Level of insight:*** Yet some adolescents with autism will not avoid interacting with others; younger, older or similar age. Rather, they are eager to communicate, though, often in a clumsy, in-your-face way. The level of their insight into their social disability will then become the determining factor of their social success. If they are unaware of their shortcomings in gauging the social atmosphere and reading social cues, they may inadvertently come across as rude, insulting or boring.

They may miss subtle criticism, sarcasm or tease. As they develop better insight, they become more motivated to *learn* which had not come naturally and intuitively. They also have a better chance to work through a sense of loss, common to all disabilities.

Coping with the Loss of Normalcy

Regardless of the individual developmental route, most children with autism start realising that they are not quite like others at some point during their adolescence. A few factors seem to facilitate the process:

- **A higher level of interest in others**
- **A higher-level insight into difficulties in social interaction**
- **A higher IQ**

Once the adolescent realises that he has significant difficulties in conducting social relationships compared to his peers, he needs deal with this loss, just like dealing with another loss. Understanding the thoughts, feelings and behaviour of an adolescent with autism is the necessary first step in helping him out and being there for him. Considering this coping process in a few stages may make the caregivers' job easier:

- **Anger**
- **Denial**
- **Depression**
- **Acceptance**
- **Adaptation**

Most commonly, the adolescent will not go through these stages one after another, but rather display a larger or smaller aspect of each at any given time. This is a painful process for not only the adolescent but for others who care for him as well. Parents may find themselves compelled to forget the whole thing and act as if nothing is happening. Denial is one form of getting over the problem. It is important for the parents to help the youngster not to deny but to face the problem and handle it squarely. If parents handle the problems calmly and in a matter of fact manner, this will encourage the adolescent to also follow similar approach. Help the youngster to talk about his anger and frustration, which will in turn help the adolescent get closer to the acceptance and adaptation. Parents do not have to bring up any topic or take initiative and give an impression of intrusion; instead if they give a good listening and show patience to the youngster when he or she brings about a problem, will go a long way in easing the situation.

When the youngster is making statement about the problem, stay on the problem without

changing the topic unless the youngster changes the topic. This would give confidence and trust to the youngster in regard to the parents that they would listen to him and he can trust them to be patient with his anxiety and concerns. This adds to the youngster's self esteem also.

It is important for the parents to be in line with the youngster, listen to the difficulties and not to trivialise or minimise the problem, but understand the problem entirely from the point of view of the youngster. At the same time parents should also not allow the youngster to exaggerate an issue. They should provide the youngster cues for reality testing in a gentle way.

Where the parents find the youngster not coming forth frankly with the problem or finds the youngster hesitating a great deal, every effort should be made to offer the option of counseling, since sometimes it is easier to talk to a stranger. However, the parents should never push the idea directly even if they feel that their child clearly needs professional help.

If parents find the youngster depressed, they could consult a psychiatrist and get the needed medication to overcome the depression. It is important for the parents to look for the following common symptoms of clinical depression. If five or more of these are present week after week, then it is indicative of definite depression and the youngster needs immediate help. The symptoms to look for are given below:

- Appearing sad for most of the time;
- Becoming irritable and angry in regard to flimsy issues, so that family members avoid the youngster lest the latter becomes very angry or upset.
- Not being able to fall asleep, waking up in the middle of the night and having difficulty falling back to sleep;
- Complaining that he is tired all the time and wanting to take naps during the day;
- Eating less or more than usual;
- Putting himself down, saying he is stupid;
- Making remarks like they hate life, they hates the counselor, parents etc.
- You, nobody loves him, or wishing he was dead;
- Losing interest in activities he usually enjoys;
- Withdrawing self from the rest of the family, refusing to participate in group activities;
- Blaming self unfairly for anything that goes wrong.
- Most adolescents with autism excel in one or two subjects. They tend to accumulate a lot of information on the subject and love to talk about it over and over.

Unfortunately, after one point family members end up losing interest and start getting bored to death. Rather than avoiding the subject, try finding out new ways to engage the youngster in the subject. Structure the topic in a different way. Find a way to challenge the youngster. Be creative and let the sky be the limit! If the youngster finds that parents are interested, that will make the youngster feel better about self, realising that the youngster's mastery his mastery on the subject will boost his self- esteem.

Many adolescents with autism resolve their sense of loss by turning the issue upside down: Rather than clinging to depression and despair, they find their *identity* in autism. They get in touch with other youths with autism. They take on themselves educating their peers about autism at school. They set up web sites, chat rooms and even write books about it. They gather support for a better understanding and treatment of autism.

Encouraging the youngster, your child, providing him means to this end and removing the obstacles in front of him may turn out to be the best antidepressant treatment ever. All this may seem remote and you may not know where to start.

Acknowledging Sexuality

In contrast with their rather slow social development and maturation, adolescents with autism develop physiologically and sexually at the same pace as their peers. As their sons and daughters with autism grow older and display sexualised behaviour, many parents find themselves worrying that their child's behaviour will be misunderstood or that their child will be taken advantage of.

For instance, they may be worried that their daughter will get pregnant or their son will impregnate someone else's daughter. Another concern may be that their child will not have the opportunity of enjoying sexual relationships; or that their child will contract sexually transmitted diseases etc.

While some parents get concerned that their children show no interest in sexual matters, others have to deal with behaviours like the following:

- touching private parts of own in public;
- stripping in public;
- masturbating in public;
- touching others inappropriately;
- staring at others inappropriately; and
- talking about inappropriate subjects.

Talking about sex, especially the sexuality of the adolescent makes the parents feel uncomfortable. Even though parents wish that their youngster have safe and fulfilling sexual lives, we hope the issue just gets resolved by itself, or at least somebody else takes the responsibility of resolving it.

They may find themselves lost trying to imagine their children having significant problems such as inability to carry on a simple conversation, building relationships that may lead to healthy sexuality. Parents may find it comforting to believe that their children do not have sexual needs and feelings, and avoid bringing up the subject in any shape or form.

They may feel uneasy about sex education, believing that ignorance will prevent sexual activity.

The main issue is for the parents to make up their mind regarding addressing the sexual issue rather than avoid it. They have to set up a time with their child to talk about sexuality, rather than making a few comments about it when the issue is hot. There is no point talking about the issue when it is raw and right after the incident. when everybody feels quite emotional about what just has happened.

It is important for parents to ask direct questions about what the youngster knows about sex, his desires and worries. It is for the parents to inform the youngster and tell him or her they parents think should be his first step. *After* inquiring and talking about the normal behaviour, the parents should set realistic but firm limits about inappropriate behaviour.

Seeing parents level of comfort around the issue, the youngster will get the message that it is OK to have sexual feelings and it is OK to talk about them. Getting this message alone will bring the tension around sexuality a few notches down. If this approach is fair, parents should not feel shy about asking for help. Other parents with adolescent children would be a good starting point. Another is the youngster's school may also be able to help. Finally, parents may inquire about professional help which should provide:

- an *individualized* sexuality assessment
- sex education based on individual needs
- utilise behavioural modification techniques to discourage inappropriate sexual behaviour and promote appropriate sexual behaviour.

Change in the Point of Views

In this period, adolescents manifest clear sexual identity and are concerned with serious relationships. They are able to love others tenderly and have a capacity for sensual love. Self-

esteem and personal dignity become important to them. They want that they should be respected and treated as adults. They can even offer useful insight on many things, and can set goals for themselves and follow them through. By this time, teenagers learn self-regulation and accept social institutions and cultural traditions more easily. There can be mental and emotional problems involved, but most of them are treatable with the help of an expert professional.

High-risk Behaviours

Late adolescence represents a unique period of transition between youth and adulthood. These youngsters are usually considered to be a healthy group but may also develop many chronic medical problems around this time.

A few health problems, such as eating disorders, are actually unique to this group of late adolescents. They are constantly concerned about their looks and do not want to become obese. Thus they tend to starve at this time and develop eating disorders.

Also this is the age when they develop high-risk behaviours. They experiment with drugs, alcohol, smoking, adventurous sport and many more. Many of these behaviours are a challenge to the existing norms and systems. They tend to defy the norms and take risks. Through such behaviours they try to convince themselves and their peers and parents that they are grown ups.

During adolescence, children develop the ability to:

- Comprehend abstract concepts, such as higher mathematical concepts, and develop moral philosophies, including rights and privileges
- Establish and maintain satisfying personal relationships by learning to share intimacy without inhibition or dread
- Move gradually towards a more mature sense of identity and purpose
- Question old values without a sense of dread or loss of identity.

Adolescence can be described as a phase of life beginning in biology and ending in society. Adolescence may be defined as the period within the life span when most of a person's biological, cognitive, psychological, and social characteristics are changing from what is typically considered childlike to what is considered adult-like. For the adolescent, this period is a dramatic challenge, one requiring adjustment to changes in the self, in the family, and in the peer group. Understandably, then, for both youngsters and their parents, adolescence is a time of excitement and of anxiety; of happiness and of troubles; of discovery and of bewilderment; and of breaks

with the past and of links with the future. Adolescence can be a confusing time—for the adolescent experiencing this phase of life, for the parents who are nurturing the adolescent during his or her progression through this period, and for other adults charged with enhancing the development of youth during this period. The hopes, challenges, fears, and successes of adolescence have been romanticised or dramatised in novels, short stories, and news articles. It is commonplace to survey a newsstand and to find a magazine article describing the “stormy years” of adolescence, the new crazes or fads of youth, or the “explosion” of problems with teenagers (e.g. crime or sexuality).

Adolescents yearn to develop a unique and independent identity, *separate* from their parents’. Yes, they love their parents, but they don’t simply want to follow their foot steps. They challenge their parents in any way they can. They disobey their rules; criticize their “old fashioned” values; they discard their suggestions. During adolescence, parents should play a highly supportive role. They have all the necessary experience, resources and maturity to make this transition as easy as possible. Parents have to first of all understand the convoluted and conflicting requirements of a teenager. During adolescence, a teenager is trying to carve out his or her own identity that is completely separate from the parents. No doubt teenagers love their parents, but they do not want to follow in the foot steps of the parents. They try to challenge their parents’ authority in every possible way and also pay no heed to suggestions given by their parents.

Youngsters with autism bring their special flavor to the adolescence, essentially determined by the levels of three ingredients: interest, avoidance and insight. Regardless of the individual developmental route, most children with autism start realising that they are not quite like others at some point during their adolescence. Once the adolescent realises that he has significant difficulties in conducting social relationships compared to his peers, he needs deal with this loss, just like dealing with another loss. Understanding the thoughts, feelings and behaviour of an adolescent with autism is the necessary first step in helping him out and being there for him.

In this period, adolescents manifest clear sexual identity and are concerned with serious relationships. They are able to love others tenderly and have a capacity for sensual love. Self-esteem and personal dignity become important to them. They want that they should be respected and treated as adults. They can even offer useful insight on many things, and can set goals for themselves and follow them through. By this time, teenagers learn self-regulation and accept social institutions and cultural traditions more easily. There can be mental and emotional problems involved, but most of them are treatable with the help of an expert professional. Late adolescence represents a unique period of transition between youth and adulthood.