Chapter 2 - Physical development of the adolescent

**Puberty** – the first phase of adolescence, the point in physical maturation when sexual reproduction is possible

- Pubertal changes are beginning of adolescence & puberty. Changes divided in
  1. External bodily changes (height, weight)
  2. Internal physiological changes (nutritional needs, motor capabilities)
- Adolescents assign meaning to the changes. The meaning:
  1. Influence experience & involvement with body
  2. Depend on factors such as early / late maturation, menstruation, erection etc.
- Feelings such as joy, pride, shame etc is associated with the changes
- Changes cause problems / stress for adolescents:
  1. Worry if development will be acceptable
  2. Uncoordinated due to irregular growth
  3. First menstruation could be traumatic
  4. Semen emissions could cause shame
  5. Acne as it affects appearance
  6. Obesity decrease self-image
- To develop identity adolescents must
  1. Accept changes
  2. Integrate changes into the self-image
  3. Still feel like the same person (continuity)
- Adolescents’ perception of their body could obstruct or improve their self-concept. Self concept is influenced by:
  1. What they feel others think of them (humiliated when made fun of)
  2. Impression they make on the peer group (conform to social behavior and sometimes appearance and norms of group which determines how the group will behave)

**Characteristics of physical development**

*Accelerated growth*
AG happens during pubescent period (period before adolescence). Various changes takes place which leads to reproductive maturity. Pituitary gland plays important role and pubescence gradually gives way to puberty.

Physical changes happen because glands release hormones such as sex and growth hormones which includes oestrogen and testosterone as well as hormones which forms muscle and bone.

***Growth spurt*** – hormonal changes result in rapid increase in body length and mass, but proportions of the body changes.

1. Starts between 9½ and 14 ½ (generally 10) for girls & 10 ½ and 16 (generally 12 or 13) for boys. Growth spurt lasts about 2 years and sexual maturity is reached soon after the growth spurt ends.
2. Girls reach mature body length 2 years before boys. Girls at 17 and boys at 21
3. Girls are heavier & stronger than boys between ages 11 – 13 but boys catch up due to a more intense growth spurt and are generally taller
4. All skeletal and muscular proportions are affected but in different degrees which causes clumsiness and poor coordination, but this is restored after the growth spurt.
5. Growth rate is influenced by genetic, endocrine, emotional and environmental factors but varies for each person.
*Primary & secondary sexual characteristics*
Secondary characteristics emphasize differences between adults and children and also the outward appearance between men and woman. Eg. Facial hair, breasts, voice etc.
There is about a 7 year range for the onset of puberty of girls and about 8 years for boys. Average age for puberty is 12 for girls and 13 / 14 for boys. The process takes about 4 years.

<table>
<thead>
<tr>
<th>Girls</th>
<th>Boys</th>
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<tbody>
<tr>
<td>Growth spurt (10 – 11)</td>
<td>Growth spurt (12 – 13)</td>
</tr>
<tr>
<td>Breast development (10 – 11)</td>
<td>Testes &amp; Scrotum (11 – 12)</td>
</tr>
<tr>
<td>Pubic hair (10 – 11)</td>
<td>Skin darkens</td>
</tr>
<tr>
<td>Underarm &amp; body hair (12 – 13)</td>
<td>Penis (12 – 13)</td>
</tr>
<tr>
<td>Vaginal discharge (10 – 13)</td>
<td>Length then thickens</td>
</tr>
<tr>
<td>Underarm and sweat glands (12 – 13)</td>
<td>Ejaculation (13 – 14)</td>
</tr>
<tr>
<td>Menstruation (11 – 14)</td>
<td>About 1 year after lengthen – no sperm</td>
</tr>
<tr>
<td></td>
<td>Pubichair (11 – 12),</td>
</tr>
<tr>
<td></td>
<td>Underarm &amp; body hair (13 – 15),</td>
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<tr>
<td></td>
<td>Facial hair (13 – 15)</td>
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<tr>
<td></td>
<td>Underarm and sweat glands (13 – 15)</td>
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<td></td>
<td>Sweat and body odour</td>
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<tr>
<td></td>
<td>Deepening of voice (14 – 15)</td>
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<tr>
<td></td>
<td>Adams about about 1 year before voice breaks</td>
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</tbody>
</table>

*Motor development*
Body parts grow at different rates. Types of coordination, balance and agility deteriorate due to rapid and uneven growth at the start of puberty.
Boys and girls are generally evenly matched in weight and height until adolescence then
- Boys are 10kg heavier and taller and outperform in sport
- Boys’ muscle tissue double and girls only increase with half
Girls tend to be less active during puberty due to clumsiness and could be self-conscious. Also due to different learners developing at different rates, the playing field is not even.

***Secular trend***
Tendency to grow taller and heavier than their parents and grandparents were. The age at which learners reach puberty decrease and the height at maturity increase. This is common in developed countries or certain population groups and is attributed to healthier diets, better medical service, improved sanitation and less childhood disease due to immunization. Poverty inhibits the secular trend.
Some elements of this maturity have reached a genetically determined limit — limit to human size.
Evidence of secular trend can be seen in:
1. Increase in average height
2. Earlier start of growth spurts
3. Earlier changes in vocal quality
4. Earlier start in menstruation (average from 16 to 13)
Earlier development can cause problems when physical development overtake psychological development (can’t cope with demands of changes). Exercise could also inhibit early development.
**Early and late development**
The age at which puberty is reached influences emotional and social development. Many advantages for boys, girls little benefit

<table>
<thead>
<tr>
<th>Early development boys – overall more beneficial for boys</th>
<th>Disadvantages:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advantages:</td>
<td></td>
</tr>
<tr>
<td>Look older</td>
<td>Less time to be teenager (responsibilities)</td>
</tr>
<tr>
<td>Get more responsibilities</td>
<td>Other development does not keep up — causes actions to be less obvious.</td>
</tr>
<tr>
<td>Perform well in sport</td>
<td>Avoid problem solving or new situations, prefer routines</td>
</tr>
<tr>
<td>Leadership roles – high status with peers</td>
<td>Cannot handle freedom – delinquent acts</td>
</tr>
<tr>
<td>Socially active</td>
<td></td>
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<tr>
<td>Involved with girls</td>
<td></td>
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<tr>
<td>Adults treat as equals</td>
<td></td>
</tr>
<tr>
<td>Personality – self assured, competence, socially accepted, self control, laugh at themselves, greater personal attraction</td>
<td></td>
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<tr>
<td>Self concept tend to be better</td>
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<table>
<thead>
<tr>
<th>Late development boys</th>
<th>Disadvantages:</th>
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</thead>
<tbody>
<tr>
<td>Advantages:</td>
<td></td>
</tr>
<tr>
<td>More time to be teenager</td>
<td>Feel rejected and dependent</td>
</tr>
<tr>
<td>More intellectual than physical</td>
<td>Gender role doubts</td>
</tr>
<tr>
<td>More insightful (better social initiative &amp; problem solving in adulthood)</td>
<td>More restless</td>
</tr>
<tr>
<td>Socially active</td>
<td>Less popular</td>
</tr>
<tr>
<td>Involved with girls</td>
<td>Domineering and rebellious – labeled as cocky</td>
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<table>
<thead>
<tr>
<th>Early development girls</th>
<th>Disadvantages:</th>
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</thead>
<tbody>
<tr>
<td>Advantages:</td>
<td></td>
</tr>
<tr>
<td>Attract attention of older boys</td>
<td>Not emotionally ready for social demands</td>
</tr>
<tr>
<td>Go out with boys earlier</td>
<td>Dissatisfaction with size</td>
</tr>
<tr>
<td>More prestige by peers</td>
<td>Less emotional stability and self-control</td>
</tr>
<tr>
<td>Better self-concept</td>
<td>Earlier sexual experiences</td>
</tr>
<tr>
<td>Get on better with families</td>
<td>Conflict with adults due to above</td>
</tr>
<tr>
<td>Better socialized</td>
<td>Vulnerable to smoke, drink, eating disorder, depression, older friends, psychological distress</td>
</tr>
<tr>
<td>More self-confidence and less anxiety</td>
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<th>Late development girls</th>
<th>Disadvantages:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advantages:</td>
<td></td>
</tr>
<tr>
<td>Not concerned about size</td>
<td>Less satisfied with appearance</td>
</tr>
<tr>
<td>Develop emotionally to cope with changes</td>
<td>Need for acknowledgement</td>
</tr>
<tr>
<td>Keep up with pace of boys in class</td>
<td>Jealous of social success of others</td>
</tr>
</tbody>
</table>

**Body image**
Bi is associated with the sense of self worth and is determined by the experience of how others see them. Bi is a comparison to others. Self-esteem is tied with being attractive and the standard is very high. Bi is related to self-concept

Physical development (acne, late development etc) is critical in forming a body image as they change the attitude toward their body based on these factors. This impacts self-concept and personality development.

Boys are more positive than girls. Metabolism declines by 15% during adolescents which will cause weight gain including poor nutrition and lack of exercise. Learners who feel they are attractive tend to
be more successful. Negative BI could inhibit learners through concentration, motivation, shyness, social distance and inactive physical activities.

*Menstruation*
Mens starts about 1 year after puberty starts, generally around 12.8 years, but this varies based on genetics, economic factors and nutrition. Also excessive exercise & diet could result in later starts. The experience could be traumatic or positive depending on the adult guidance they received. If female identity is not affirmed then the experience could be negative. Menstruation is release of an egg and conception can occur after the first cycle. Pain and PMS can occur and vitamin B assists in reducing pain.

*Erection, ejaculation & nocturnal semen*
1st EJ is the same significance as girl’s mens. Generally proud moment but negative if unexpected or wet dream. Can be caused by anything and is a spontaneous response.

*Breaking of the voice*
Boys and girls change but boys more dramatic. Larynx enlarge and cause deeper voice and adams apple. Voices can go high or low at point, especially when stressed. Reaction is based on other’s reaction.

Healthy lifestyle
Adolescents are generally healthy with occasional colds and digestive problems, but health issues are caused by stress, lifestyle or social conditions. Causes of stress is inability to adapt to all changes. Accidents occur due to risk taking and experimentation (cars, alcohol etc) to prove themselves. Due to their self centered perceptions they believe that they are special or immortal and bad things cannot happen.
Health, nutrition and safety are related as the quality of one affects the others.

*Personal hygiene*
85% of adolescents experience acne (more boys). This has a psychological and emotional effect as it affects attractiveness. Diet, cleansing, stress management and sleep can assist in treatment. Body odour can also occur in adolescence and a clean lifestyle can prevent smells.

***Nutrition***
Food supplies nutrients for:
- Growth and development (rapid during adolescence)
- Resistance to illness and infection
- Normal behavior
- Tissue repair

Irregular and unhealthy eating and sleeping patterns cause ill nutrition. This could cause susceptibility to illness and impaired cognitive development and lower capacity for work. Also affects on self-concept, concentration decline, problem-solving abilities impaired and they are depressed. Ill nutrition can delay growth, compromise final growth attained and affect puberty. Girls suffer more from ill nutrition than boys due to diets and eating less.

Well balance diet requires protein, calcium, iron and vitamins. All 5 food groups should be included in the daily diet.

Cause for infections could include nutritional deficiencies, dietary imbalance and poor sleeping. Mono (kissing disease) is caused by direct physical contact or eating from the same utensils. Could cause liver problems.
**Physical exercise**
Exercise has direct impact on the brain and cognitive functioning and is essential for heal and relaxation. Could impact (with healthy diet) on illnesses, life enjoyment and positivity. Boys engage twice as much in sport as girls (athletic success determines popularity). Several benefits, but still not followed (TV, computers instead).

**Mental health**
Thinking and feeling positive about self and environment. Developing MH can be done by:
- Positive thinking (create + mood, less selfish, higher self esteem, overcome illness or pain)
- Goal setting (take control of life, tend to make goal a reality if visualized)

**Accidents**
Common health hazard amongst boys due to daring, risk taking and carelessness. Substance abuse is sign of adulthood, can cause accidents.
Chapter 4 - Social development of the adolescent

A stable self concept during childhood is disturbed during adolescence and they experience confusion and uncertainty.

*Theoretical perspectives on social development

Internalizing—including feelings and beliefs part of personality by absorbing them through repeated experiences.

Margaret Mead:
- Emphasized continuity in development
- Direction of adolescence is determined by sociocultural milieu
- Development in western cultures are not the same as in others
- Development will differ from culture to culture

Robert Havighurst
- Individual needs must be reconciled with the demands of society—including development tasks to be done
- Development tasks are—skills, knowledge, functions and attitudes, pressure of social expectation and personal effort
- Mastering tasks leads to preparation for the more difficult tasks ahead—leads to maturity
- Identity acquisition is central of adolescence
- 8 tasks lead to identity forming
  - Accept physique. Protect and use body effectively
  - Emotional independence from adults
  - Mature relationships with members of peer group—both sexes
  - Desire for socially responsible behavior
  - Use values and ethics as guideline for behavior
  - Appropriation of male or female gender role
  - Prepare for occupation
  - Prepare for family and marriage

G Stanley Hall
- Adolescence is great storm and stress
- Internal maturation—control development and behavior; external factors play small role
- Development & behavior follow predictable pattern, regardless of sociocultural and influences
- Adjusting to bodies lead to emotional disorientation at first
- Constant changing moods (cheerful vs depressed/inflated ego vs embarrassment)

Sigmund Frued
- Early years are formative
- Adolescence is sexual excitement, anxiety and personality disturbance
- 2 main elements
  - Development of personality structure (psyche—id, ego, superego)
  - Change in sexual behavior (psychosexual development)
- What people know is small version of unconscious psychic reality
- Personality and psychic functioning—influence by the co-operation between the 3 parts of the personality
**Erik Erikson**

- Personality is the result of genetic and social influences
- Development is a passage through 8 stages – each stage with goals, accomplishment and problems is determined by:
  - Maturation of abilities and interests
  - Demands made by society
- 8 phases in the human life cycle, each characterized by a specific crisis that takes place at that stage. Each to be resolved during each phase
- Obtaining synthesis of two opposite possibilities would resolve a crisis.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Psychosocial crisis</th>
<th>Age</th>
<th>Supportive practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1 – primary caregiver</td>
<td>Trust vs distrust (synthesis: hope)</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; year of life (infancy)</td>
<td>Support and encourage child. Alleviate distress and uncertainties. Respond and be consistent.</td>
</tr>
<tr>
<td>Phase 2 – primary parental figures</td>
<td>Autonomy vs shame/doubt (synthesis: will power)</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; year of life (early childhood)</td>
<td>Allow opportunity for self-controm, self-care and responsibility.</td>
</tr>
<tr>
<td>Phase 3 – family</td>
<td>Initiative vs guilt (synthesis: goal-directedness)</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; – 6&lt;sup&gt;th&lt;/sup&gt; year (early childhood)</td>
<td>Encourage to make decisions, choose activities. Be tolerant on accidents and mistakes.</td>
</tr>
<tr>
<td>Phase 4 – family, peers, teachers</td>
<td>Productiveness (industry) vs inferiority (synthesis: proficiency)</td>
<td>6&lt;sup&gt;th&lt;/sup&gt; – 12&lt;sup&gt;th&lt;/sup&gt; year (school age)</td>
<td>Set realistic goals of achievement and help sence of accountability when achieved. Reward and acknowledge achievement</td>
</tr>
<tr>
<td>Phase 5 – peers and role models</td>
<td>Identity vs identity diffusion (synthesis: dependability) *** centerpiece to theory***</td>
<td>Puberty to adulthood</td>
<td>Encourage trust, autonomy, initiative and industry – basis of identity. Sensitive to needs, consistent.</td>
</tr>
<tr>
<td>Phase 6 – close friends and sexual partners</td>
<td>Intimacy vs isolation (synthesis: love)</td>
<td>Early adulthood</td>
<td></td>
</tr>
<tr>
<td>Phase 7 – community, work partners</td>
<td>Generativity vs stagnation (self-absorption) (synthesis: providence)</td>
<td>25 – 65 years (adulthood)</td>
<td></td>
</tr>
<tr>
<td>Phase 8 – humankind</td>
<td>Integrity vs despair (synthesis: wisdom)</td>
<td>60 – 70 years (old age)</td>
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</table>

**Phase 5 – adolescence think about**

- how others perceive them and how it compares to their self-image
- how roles and skills fit with their plans for future

Achieve sense of identity when there is integration between earlier identifications, abilities, plans for future and opportunities offered by society.

Identity gained is not permanent as it will be influenced by life, aspirations and experiences. **Identity diffusion** arises with the lack of opportunities to experiment with social roles to gain self-knowledge.
Social relationships of the adolescent

Critical development tasks include:
- Socialization
- Finding place in society
- Obtain interpersonal skills
- Obtain tolerance for personal and cultural differences
- Developing self-confidence

Adolescents move away from parents and peer acceptance is important (friendships and romantic relationships). As a result they have to make on decisions, pressured to conform and values & principles are tested and questioned.

Relationships with parents clash due to independence and questioning of parents’ values, opinions etc. Parents also struggle to accept this and must have a balance between giving enough independence and protecting.

Peer groups offer opportunity of:
- Learning and experimenting with new roles
- Discharging emotional tension
- Close friendships
- Develop group identity

But can also add pain and stress through rejection, jealousy, pressure etc.

***Social influences model – Bronfenbrenner:
1. Self
2. Microsystems (school, family, health service, religious, peers)
3. Mesosystem
4. Exosystem (extended family, family friends, mass media, workplace, community organizations, neighbors)
5. Macrosystem (attitudes and ideologies of culture)

***Relationship with parents:
Parental interest – provide moral and emotional support. Lack of interest could lead to negative effects (poor school work, anti social)
Understanding – insensitivity to feelings, feel threatened when learner disagrees, not listening or understanding. Open communication is crucial.
Acceptance and approval – accept as they are (love)
Trust – need to be trusted, but some parents struggle due to own insecurities.
Happy home – greatest gift
Discipline and guidance –
- Can be accepting (warm and approving) / rejecting (critical and insensitive) / lenient (tolerant, little control or guidance) / demanding (sever with high expectation)

***Parental styles of exercising authority

<table>
<thead>
<tr>
<th>Authoritarian parents</th>
<th>Adolescents in authoritarian house</th>
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</thead>
<tbody>
<tr>
<td>Fixed idea of right and wrong.</td>
<td>Moody, unhappy and interested</td>
</tr>
<tr>
<td>No communication and interaction</td>
<td>Less independent, creative, mature in judgment</td>
</tr>
<tr>
<td>Expect total obedience</td>
<td>Shy, lack self-confidence</td>
</tr>
<tr>
<td>Dictatorially control and dominate behavior and attitude</td>
<td>Negative option of parents</td>
</tr>
<tr>
<td>Insist on blind obedience</td>
<td>Become rebellious which could increase conflict</td>
</tr>
<tr>
<td>No conversation about rules</td>
<td>Insensitive &amp; uncaring people when older.</td>
</tr>
<tr>
<td>No opportunity to state views</td>
<td>Does not understand that punishment should be to create conscience and co-operation as punishment is unfair and harsh.</td>
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<tr>
<td>-----------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Punish any rebellion against authority</td>
<td>Permissive parents</td>
</tr>
<tr>
<td>Exceedingly tolerant, non controlling</td>
<td>Feel vulnerable</td>
</tr>
<tr>
<td>Over protective or over involved or uninvolved</td>
<td>Uncertain</td>
</tr>
<tr>
<td>Don’t make demands</td>
<td>Unacceptable behavior (drug, alcohol)</td>
</tr>
<tr>
<td>Offer freedom with no limits</td>
<td>Happier and more content that above</td>
</tr>
<tr>
<td>Don’t question behavior, values and desires</td>
<td></td>
</tr>
<tr>
<td>Make own decisions without including parent’s wishes or values</td>
<td></td>
</tr>
<tr>
<td>Not punished but also not praised</td>
<td></td>
</tr>
<tr>
<td>Not a role model for appropriate behavior</td>
<td></td>
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<tr>
<td>Hope they will learn from their actions</td>
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<table>
<thead>
<tr>
<th>Authoritive parents</th>
<th>Adolescents in authorative house</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear limits and rules</td>
<td>Confident, responsible and independent</td>
</tr>
<tr>
<td>Discuss and give reasons for imposing this</td>
<td>Stating own views with confidence</td>
</tr>
<tr>
<td>Set limits, but are flexible and understanding</td>
<td>Positive opinions of parents and relationships</td>
</tr>
<tr>
<td>Encourage communication</td>
<td>Choose confidently between right and wrong</td>
</tr>
<tr>
<td>See learner’s view and willing to reason / negotiation</td>
<td>Outgoing, obedient</td>
</tr>
<tr>
<td>Base discipline on reasoning</td>
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<tr>
<td>Make learner understand why behavior is wrong</td>
<td></td>
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<tr>
<td>Sensitive to emotional needs</td>
<td></td>
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<tr>
<td>Understand emotions before judgment and punishment</td>
<td></td>
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<tr>
<td>Demanding and nurturing</td>
<td></td>
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<tr>
<td>Give examples and reasons for behavior</td>
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</tbody>
</table>

Authoritive parenting promotes responsible and independent behavior by:
- Give opportunity to be independent but include communication, interest and adequate control
- Relationship based on respect and love – adolescents can identify
- Model of independence within limits.

Erratic inconsistent discipline confuse adolescents as there are no clear guidelines – they become insecure and rebellious and have poor moral learning.

Parent’s style of parenting determine the child’s self-concept formation, self-actualization and academic performance.

**Independence and diminishing parental authority**

Independence is a major development task for adolescents (contract adult relationships, develop own identity, values, become member of society)

3 objectives in becoming independent:
- Behavioral autonomy: want to make own decisions regarding behavior and actions
- Emotional autonomy: want to be self reliant and control themselves. Don’t care about parent’s emotional pain or anger
- Moral or value autonomy: own value system to regulate behavior. Parents are a guideline but they still question this.

Independence could have emotional feelings (proud / concerned; carefree / lonely) as well as erratic behavior and conflict due to the uncertainty.
Conflict between adolescents and parents
Conflict are mainly about mundane matters (schoolwork, chores etc) as adolescents generally have a good relationship with their parents. Conflict can differ from culture to culture and societal factors also impact.

Reasons for stress / conflict
- Biological changes / adult sexuality
- Search for identity
- Parents own problems with life, career and marriage & reluctance to give control

*Relationship with siblings:
Sibling relationships are not constantly friendly or constantly hostile, some degree of rivalry. This subsides with maturity. There is no real indication of the impact of sibling relationship on adolescence.

*Relationship with other relatives:
Grandparents has a positive role in search for identity – link between past and present. Pos relationship influence attitude towards elderly.

*Relationship with educators and other adults:
Educators are significant in formation of identity, self-concept and goals. Relationship must be personal; communication should be deep and extensive. Close relationships and physical maturation can result in a crush on adults and they must therefore be handled with sensitivity based on the level of independence / dependence.
Relationship can also be negative if distrust exist – authority will be undermined.

***Relationship with peer group:
Relationship is significant for socialization, self-concept formation and self actualization. Peer group includes own language, customs, dress etc and adolescents want to be accepted and endeavor to slot in by conforming – emotional dependence on group’s approval.

Functions of peer group
- **Emancipation** – bridge to gain independence from parents, forced to stand on own feet and make own decisions. Acceptance = security.
- **Search for individual identity** – need to prove as individuals in own right, they gain status through exerting their own abilities. Source for feedback on personality, appearance and behavior and assist in resolving conflict with self and others. Contributo to forming identity in the form of giving self-insight, self-knowledge and self-evaluation and through group identity. Acceptance = positive self-concept and identity.
- **Social acceptability and support** – need for socializing, friendship and support, opportunity to practice social skills and communication (other sex). Acceptance and popularity is important to avoid fears (loneliness). Acceptance of peer group is often in contrast with parents and society.
- **Reference and experimentation base** – assess how well they do in life. Experience with roles and behavior and amend if negative feedback is given. Assess values against peers, could strengthen, but could cause conflict with parents if differ. Development of outlook on life.
- **Competition** – compete for place in society to assess capabilities. Important for competitive adult life.
- **Social mobility** – contact with learners from different backgrounds (gender, race, socio-economic class)
- **Recreation** – spending leisure time
• **Conformity** – increased motivation to conform for acceptance. Not always negative – if group conform with parent’s values then it is beneficial and will be encouraged. In dysfunctional parental relationships, learners may rebel and peer groups will be primary for acceptance.

***Relationship with friends:
Friendship is crucial for emotional fulfilment and independence as they seek support for behavior. Friendships are intense and with learners similar to them.

**Need for friends**
Friendships improve psychological and social adjustment and counters unusual stress. Friendship creates sense of self-worth and it assist with insecurities and with skills acquisition (social and personal) and also fill the gap created by independence from parents. Cognitive development assist with verbalizing, empathising, seeing other’s viewpoints etc.

**Friends of own sex**
Relationship become more meaningful during adolescence. Similar needs, aspirations and fears is a sense of security during uncertainty. Key factors are loyalty, support, reliability, understanding. Late adolescent friendships are more relaxed as learner has identity and can be independent. Girls have more emotional relationships and boys more focused on activities.

**Heterosexual relationships**
Important part of social development. First childish, then more appropriate. Feelings (hurt and joy) can be as serious as in adult relationships. Could lead to heartache and social demands (sexual relationships).

**Adolescents in a diverse society**
Ethnicity can cause problems if from minority groups. (difficulty in understanding work as work does not relate to their culture or experiences). Poverty can limit opportunities for career and education for learners and could have negative impact on development.

**Self concept and self esteem**
Self concept – cognitive aspects of the self-schema. Self related beliefs (who am I?)
Self esteem – self-related feelings (who do I feel about who I am? / how valuable are we?)
Self image – perception of self at a particular time

***Characteristics of the self-concept**
Marsch - Multi faceted and has sub categories. (general then academic, non academic, etc). Also influenced by identity development. Self concept not inborn but obtained through interaction with self and others.
Typical characteristics:
• Complex with several dimensions which are closely integrated
  o Physical self (self in relation to body)
  o Personal self (self in relation to own psychic relations)
  o Family self (self in relationships with family)
  o Social self (self in relationships with other)
  o Moral self (self in relation to moral norms)
• Dynamic and can change from time to time and situation to situation (discover a pimple).
  Influence on the behavior. All experiences (positive or negative) influence the forming of self-concept, but the self concept also influences their experience of any situation.
Organized – different concepts, not equally important (closer to core is more important and more difficult to change). Each concept has positive and negative values. Negative value closer to the core can have negative value on overall self-evaluation.

***Self-esteem and self-concept***
Self-esteem is the value learners place on their perception of self. High self-esteem is when self-appraisal leads to self-acceptance and approval (self-worth). Negative view = low self-esteem. Realistic view when cognitive, physical and social abilities is included. Not complex and formed in layers according to values system. Comparison to peers could lead to unhappiness if not ideal self.

Social relationships
Low self-esteem = isolated and lonely, tense and awkward (communication difficult). Self-worth is determined with relationship with peers, friends & romantic partners.

Emotional well being
Ego increase through praise and success = high self-esteem (positive psychological adjustment in adolescence). Low self-esteem = ill health (could lead to further rejection and criticism).

Achievement
High self concept = scholastic success due to confidence and courage and motivation.

***Development of a positive self-concept and a high self-esteem***
Self concept important for mental well-being, social, academic, career successes

Contributing factors to positive self concept and high self-esteem:
- Parental warmth, concern and interest – use of authoritative parenting style (strict with high standards, but flexible if need be)
- Quality of relationship between learner and parent (for heterosexual relationships later)

Educators can enhance self esteem
- Value and accept attempts and accomplishments
- Clear standards of evaluation
- Model appropriate methods of self criticism and self reward
- Compete with own prior achievement rather than others
- Opportunities for all learners to experience success

Other factors influencing self-concept
- Socio-economic status – low SES generally lower self esteem than high SES
- Physical disabilities – body image is a factor in self concept development and disability could hamper this

Characteristics of positive self concept
- Responsibility – dependable to do what was agreed
- Honesty, integrity – accountable for values and beliefs
- Personal growth – search for opportunities to grow and learn
- Positive attitude – optimistic about self, others and the world
- Expression of feelings – openly express feelings (no fear of rejection)
- Risk taking – open to new challenged
- Acceptance of praise – accept without negative responses
- Trust self and others – competency

Characteristics of low self concept
- Less original and less initiative
- Feeling worthless
- Give up when problems arise or not trying hard

**Self actualization**
Deliberate effort to realize all possibilities of one self (physical, mental, experience and moral conscience. Make decisions on own judgment rather than what others will say. Ultimate goal of personality development.
Characteristics:
- Fully engaged in life (intense pleasure & deep sorrow)
- Personal feelings and well being of others
- Realistic self concept and accept themselves (abilities and deficiencies) which then does not affect self worth or self image.
- Value system guide and directs live
- Accept others’ viewpoints without agreeing with them

**Personality development**

*Personality* is the preferred way of behaving towards circumstances and other people. It is an inclusive term for what a person is, why they are like that and how the appear to others.

**Temperament:**
Is consistent, basic dispositions inherent in people which underlie and regulate a person’s behavior.
Three traits:
Emotionally – intense of emotional reactions
Activity – tempo and vigor individuals operate at
Sociability – preference for being with others vs being alone

***Development of personality and temperament***
Healthy personality development is dependent on a balance between genetic and environmental influences.
Temperamental differences will determine the kind of behavior a person will initiate.
Personality traits are acquired through learning, therefore it can be influence through exposure to experiences which can influence development of personality.
Direct intervention on traits such as honesty, generosity, rude, cruel etc can assist in influencing development.

Characteristics required to facilitate personality development
- Genuine interest
- Interact on personal level
- Respect and support aims of achieving independence
- Build interpersonal relationships by being warm, caring and considerate
- Show understanding and empathy
- Avoid stress, hostility and anxiety
***Defense mechanisms

DM are strategies that serve as safeguards against things that offer a threat or danger to personality. Offer protection against anxiety (might include denial or distorted reality). This is normal, but overuse prevents mature personality development.

These mechanisms are:

- Unconscious behavior patterns used to protect against anxiety, embarrassment, inferiority and guilt.
- Prevent feelings to penetrate conscious mind

Two characteristics in common:

- Deny, falsify or distort reality
- Operate unconsciously (don’t know what is happening or why)

<table>
<thead>
<tr>
<th>DM</th>
<th>How it works</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projection</td>
<td>Unacceptable thought, feeling or behavior is attributed to someone else</td>
<td>Low marks in tests and attributes it to educators who are against her</td>
</tr>
<tr>
<td>Regression</td>
<td>Revert to previous stage of development, unable to cope with new situations</td>
<td>Adolescent regresses by refusing to make decisions after making a wrong choice</td>
</tr>
<tr>
<td>Displacement</td>
<td>Focus desires or hostility on wrong object</td>
<td>Cant take anger out on teacher, so take it out on other learners</td>
</tr>
<tr>
<td>Denial</td>
<td>Refuse to acknowledge anxiety-producing realities</td>
<td>Wont acknowledge that she wont get a job without matric although she is aware of high unemployment</td>
</tr>
<tr>
<td>Repression</td>
<td>Unacceptable impulses are pushed out of the awareness into the unconscious mind</td>
<td>Sexually abused as child, not cant remember anything</td>
</tr>
<tr>
<td>Rationalization</td>
<td>Use excuses to justify unacceptable behavior</td>
<td>Did not make soccer team, blame on coach that does not like him</td>
</tr>
</tbody>
</table>

**Identity formation**

The meaning by a person to himself as a person. (Who am I?). Knowing who and what one is and knowing that one is distinguishable from others. Sense of self.

***Development of a distinct identity:

Lifelong and unconscious process starting at birth through life (through a process of selection and assimilation of childhood identifications). Important to avoid role and identity diffusion. Adolescents experiment with different roles and identities and would select a role model to mimic (self-image vs ideal image). Can lose own identity if they over-identify with someone else (become the ideal self).

***Gender role identity:

During childhood there is not a lot of pressure to display gender typical behavior, but this changes during puberty by the below groups set standards and expect them to be followed:

- Peer group exerts strong pressure due to own sexual maturity
- Adults see this as successful adjustment to adult life
Goal for gender role identity is not to achieve gender appropriate behavior as set out, but to establish an identity which contains positive qualities of both masculinity and femininity (androgynous identity). Secure gender role identity depends whether you see yourself as masculine of feminine according to your own definition of this. Inability to come to terms with gender role identity could affect overall development.

***Career identity:***
Take place in two phases:
- 14 – 18 years, broad categories by gathering information of career without taking decisions (crystallization phase)
- 18 – 21 years, chosen a career which forms part of identity (specification phase)

***Cultural identity:***
**Ethnic identity** – sum of group members’ feelings about values, symbols and common histories that identify them as a distinct group. Conflicts in identity formation arise in minority groups or mixed-ethnicity groups. Should experience own ethnicity positively and appreciate other ethnicities.

***Identity diffusion:***
Arise when adolescents cannot make decisions about them and their roles or when too little opportunity for experimentation is available, therefore different roles cannot be integrated. Lack ability / self confidence to make decision when conflicting value systems arise – cause anxiety or hostility towards rules or values and may lead to feeling of incompetence or negative identity. If forced in roles which they are not happy with (by parents) it could cause identity diffusion – become rebellious as they have no control.

4 manifestations of identity diffusion:
- Fear forming of intimate relationships because it may lead to loss of own identity.
- Diffusion in time perspectives as they fear changes and demands of adulthood.
- Diffusion of industry – done become constructively involved in studies and activities
- Choice of negative identity – smoke, drugs.

Ability to establish identity give sense of being faithful to what they are or to values and principles. Successful identity = tolerance to others and ability to make decisions and carry out tasks, independent, clear vision of future, cope with new realities.

Two important dimensions of identity – exploration (various options) and commitment (make decision and personal investment)
This leads to one of four identity statuses (James Marcia)

<table>
<thead>
<tr>
<th>Status</th>
<th>Identity achievement – crisis leading to commitment</th>
<th>Explored alternatives and made a commitment. More mature and socially competent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status 1</td>
<td>Identity moratorium – crisis with no commitment yet</td>
<td>Still explores options, want to establish realistic identity, does not know how</td>
</tr>
<tr>
<td>Status 2</td>
<td>Identity foreclosure – commitment without crises</td>
<td>No crisis experience, but commitment made. Adopt peer group values without giving much thought</td>
</tr>
<tr>
<td>Status 3</td>
<td>Identity diffusion – no commitment no crisis</td>
<td>No alternatives explored and avoid commitment. Unhappy and lonely</td>
</tr>
<tr>
<td>Status 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Educator’s role in identity formation:
- Don’t prescribe roles, help them establish own identity
- Help form a realistic self-concept
- Help accept self as they are, strong and weak points
Chapter 5 – Emotional, moral and religious development

Adolescents must adapt socially, manage relationships, control and express emotions as well as develop personal values in a world of conflicting values, make moral decisions and decide between right and wrong and can only be done with sound emotional development.

Cognitive ability allow learners to think abstractly and reflect on and form rational opinions about alternate value and religious practices. Values shape the sense of self and is important in identity.

Emotional development

Ed refers to development of attachment, trust, security, love and affection as well as a variety of emotions, feelings and temperaments, including development of concepts (self and autonomy).

Emotions have four common components:

- Responses to external and internal eliciting stimuli
- Responses result from our interpretation or cognitive appraisal of the stimuli which gives the situation meaning and significance.
- Bodies respond physiologically to appraisal — physically excited (fear, joy) or decreased excitement (content, depressed)
- Emotions could include behavioral tendencies — expressive behavior (smiling with joy) or instrumental behavior (running away)

Importance of emotions:

- Affects physical wellbeing and health as body reacts to emotions (heart rate)
- Affects behavior in relationships, source of motivation in how we act (negative or positive)
- Source of pleasure and satisfaction. Warmth of love is satisfactory.

Connection between emotions and memory/learning as well as between self-concept and emotions. Addition of positive or negative emotions in the brain moderates the self-concept and alter the self-esteem.

***Heightened emotionality and emotional lability

Interaction with and adjustment to the environment as well as excessive expectation of high standards from society causes heightened emotionality. Goes away as emotional maturity is reached.

Assisting adolescents to achieve greater emotional stability

Educators must be sensitive to emotions and also be mature when helping learners cope. Relationships should be built on empathy, and understanding. Specifically focus on learner who lack positive emotions (emotionally deprived)

Help learners by:

- Verbalising emotions
- Display sense of humour
- Provide opportunity to cry, then be supportive
- Provide opportunity to release built up emotions by physical activities.

***Emotional maturity

Features of EM include ability to:
• Refrain from outbursts in front of others
• “blow off steam” in a socially acceptable way (suitable place and time)
• Evaluating situation critically before reacting (ignore triggers – greater stability)
• Understand and empathise with others’ emotions – put in other’s shoes
• Give without wanting to receive
• Don’t dominate and judge
• Be flexible to express emotions in different ways according to the situation while considering the emotions of others.

Guide adolescents towards the following to achieve EM:
• Gain realistic perception on situations that would cause intense emotions by discussing with others
• Release stored-up emotions in a structured manner (activities, exercise, crying or laughter)

***Experience of emotions during adolescence
Control of emotions through defence mechanisms and become happier as they get older
3 broad categories

**Joyous states:**
Warm and loving encourage a positive response from others – relationships satisfying and meaningful

**Inhibitory states**
Fear - material things (snakes), relating to self (failure), social relationships (crowds), unknown
Worry & anxiety –

**Hostile states**
Anger – could hurt someone or can keep inside and become withdrawn
Agression – positive or negative
Jealousy & envy – due to material things

**Moral development**
MD based on behavior that conform to the standard of the group – choose between right and wrong and accept responsibility for the choice.
Morals are acquired through learning, not inherited. Must develop a system of values to conform to principles regulate thinking and behavior.

Conscience is:
• Unique human inherent ability to know right and wrong, good and evil
• Influenced by teaching, habits and education
• Influenced by moral values such as honesty, loyalty respect etc.
Conscience can change. Conscience can move you to repair wrong doing (admitting), if not they can experience guilt, shame etc.

*Characteristics of adolescents’ moral development*
Thinking is more flexible and abstract – can accommodate complicating factors when deciding on moral issues. Morals also more abstract – require critical and rational approach.
Better performance with internal locus of control, also more positive and better self-concept.
Values could be chosen without being aware of the reason (not a rational decision).
Personal values shape self-perception and identity.

Hurlocks notes regarding morality:
• Moral perception becomes more abstract and less concrete
• Greater concern with right and less concern with wrong – justice is dominant force
• Moral judgment is more cognitive – analyze social and personal codes to make decisions
• MJ is less egocentric
• MJ is emotionally strenuous.

***Theories of moral development

Lawrence Kohlberg
Moral development is linked to cognitive development and passes through a series of stages in unchanging sequence (can be partly in 2 stages at once). Age does not affect moral behavior, but rather the cognitive, social behavior. Only 20% - 25% of adults reach post-conventional stage. Children can reach Level 3 if they can learn how to act with respect to moral issues form acceptable role-models and their actions will be acceptable to the community. The way one is judged also affects thinking as we seek approval.

<table>
<thead>
<tr>
<th>Level 1 (4 – 10yrs)</th>
<th>Right and wrong determined by reward / punishment. Emphasis on external control</th>
<th>Stage 1: Punishment / obedience. What leads to punishment is wrong.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preconventional morality</td>
<td></td>
<td>Stage 2: Rewards. The right ways to behave is what is rewarded.</td>
</tr>
<tr>
<td>Level 2 (10 – 13yrs)</td>
<td>Views of others matter. Avoidance of blame – seeking approval, want to be seen as good by people they like</td>
<td>Stage 3: Good intentions. Behave to conform to “good behavior”. Good boy / girl morality.</td>
</tr>
<tr>
<td>Conventional morality</td>
<td></td>
<td>Stage 4: Obedience to authority. Importance to doing one’s duty. Rigid ideas about rules.</td>
</tr>
<tr>
<td>Level 3 (13 – early adulthood or never) Post-conventional morality</td>
<td>Abstract notions of justice. Rights of others can override obedience to laws / rules. Characterized by attainment of genuine morality.</td>
<td>Stage 5: Difference between moral and legal right. Recognition that rules should sometimes be broken. Behavior calculated to promote the common good.</td>
</tr>
<tr>
<td>Post-conventional morality</td>
<td></td>
<td>Stage 6: Individual principles of conscience. Takes account of likely views of everyone affected by a moral decision.</td>
</tr>
</tbody>
</table>

Kohlberg’s theory is questioned:
• Not considering other cultures and their moral values
• Overemphasizes justice and under emphasized care
• Not linking morality to spiritual and religious values
• Do not consider emotions, socialization and parental guidance.

Carol Gilligan
Investigated from a female perspective and found:
• Emphasize sensitivity to feelings and rights as well as care (men emphasize justice and rules as well as obedience and principles)
• Rely on interpersonal network of care orientation (men rely on justice orientation)

Female Alternative:
Level 1 – concerned with survival and self-interest. Gradually aware of what they want (selfish) vs what they ought to do (responsibility)
Level 2 – need to please others over self-interest
Level 3 – universal perspective where they are not powerless and submissive but an active decision maker.
Factors influencing moral development

Role of the family
- Parental warmth & trust
Considerate to other – cared for, loved and trusted environment
Antisocial – hostile, rejecting environment
Positive moral development = important parent-child relationship (high priority) over many years (duration) with close emotional attachment (high intensity) and maximum contact and communication (high frequency)

- Frequency and intensity of parent-child interaction
Identification depends on the amount of interaction – frequent interaction is opportunity to communicate values, morals etc.

- Type of discipline
Effective if consistent and with clear communication to develop internal controls. Refer to disciplinary styles.
Conflict between adults and children about moral values triggers issues:
  - Double standards for different genders
  - Morals of adults stricter than those of peers
  - Peers from other backgrounds have different morals.

- Parental role models
Display same morals and discusses and ask questions to ensure understanding

Difference between adult & children’s viewpoints
Child see rules as set and unchangeable, adults see it open for discussion
Child behave according to consequences, adult consider intentions behind behavior

Role of the peer group
Critical in determining values system (turn to peers in difficult situations) – conform to standards of group to be accepted and can clash with parents.
Can become delinquent due to poor values in environment.
Peers help with morals as follow:
- Being treated as adults result in deciding about changing and implementing of rules.
- Become aware of other’s roles and co-operation between individuals
- Consider other’s values as they are exposed through interaction
- Discuss values

Role of “new morality”
Modern society has different morals / values than traditional society. Adolescents are now left to decide on their own morals, but with little guidance. Faced with many problems (political, security, religious etc) which cause moral dilemmas.
Role of the reference groups
Environment as well as formal and informal groups affect outlook on morality.

Role of the television
Impact on values and behavior (promotes violence, sex, idealization of immaturity, materialism, hedonism, commercialism and drug abuse) and conflict with values of parents. Parents need to mediate television viewing.
Promotes anti-values such as anti-interpersonal relations, anti-co-operation and anti-democratic.
Commercials – deceitful and misleading, running away from reality.
Soap operas – portray negative social values
Can also have positive influence if educational.

Role of the school
No teaching of values is the same as denying values should be followed and will allow students to only have peer values as a reference.
Reasoning behind rules should be explained to ensure understanding and foster moral development.
Educators should also role model the values and give learners and opportunity to discuss and debate values and make their own decisions with guidance.
Educators should evaluate current maturity and stimulate to enhance process of development.
Learners should be able to discuss and think about and understand own values system, to become aware of beliefs and behaviors and understand what they will stand up for and weigh up advantages and disadvantages and choose after consideration of consequences.

Role of the community
Can be influenced by culture factors – level of development is determined by socializing factors and cognitive development.
3 levels of morality similar in all cultures
- Level 1 – Amoral, seek pleasure and avoid pain (self-interest)
- Level 2 – System of social agents, allegiance to others (gain approval)
- Level 3 – Values and ideas, personal principles and beliefs (not depended on other socializing agents)
Inner conflict if a variety of social agents expect different morals (need abstract thinking, speculation and decision making to deal with this conflict.
Mature moral development = maker rational decisions that balance own values with society’s values.

Religious development
Religion – spiritual bond between person and supreme being – implies nature of origin and the future of the universe.
Capability of abstract thought, forms beliefs and commitments to ideals. Search for identity – seek personal relationship with a god. Understanding of different cultures and religions is required to live harmoniously.
Different views to thruth claims:
- Exclusivist approach – only one religion is true and all others are false – missionary religions
- Inclusivist approach – recognise the existence of other religions and take interest in them (curiosity), maintain superiority in own religion.
- Pluralist approach – culturally determined institutions, don’t believe any religion is true or false, have respect for all.
- Atheist or agnostic approach – atheist reject all religions as false (no god) / agnostics claim humans cannot know if there is a god.

*Characteristics of adolescents religious development
Cognitive capacity for abstract thought – move from concrete intellectual activity to understanding spiritual matters. Search for spiritual fulfillment and certainty – religion as refuge for conflict and doubt. Abstract thought = more tolerant and flexible and start asking questions

**Religious awakening**

Religious interest quickens in following stages - Hurlock :

- Rejection
- Alternatives
- Religious doubt
- Continued quest
- Renewed faith

**Religious doubt**
Critical analysis = sceptical about religious practices (prayer, church) and religious principles (life after death) – could result in rejection of religion.

**Religious revival**
Discover need for religious commitment. Steinberg – adolescence is a period when beliefs and values are re-evalued and examined.
Search for philosophy of life – loosen ties with church, but not religion. Being part of religious community is important part to adulthood.
Conversion is common amongst adolescents – peer group influence. May also change faith, because it is not helping them cope with their problems.

*Need for religion in adolescence*
Personal religion is faith and hope during uncertainty. Belief system = positive effect on behavior.
Religion is connected to maturation in other areas.
Value religion:
- Attend church
- Moral, philosophical and social institutions.
- Religious disposition influence moral behavior and development (more responsible).
- Give meaning to life.

*Role of educators in the religious development of adolescents*
Formal training required & competency to teach religious education subject for learners of all faiths to grow. Help learners understand and appreciate different beliefs systems and religions (search for understanding).

Educators should:
- Be aware of religious doubts and frustrations
- Demonstrate qualities (friendliness, respect, esteem) as important – learner need to feel accepted
- Role model & example to adolescents.
- Open mind with appreciation for diverse systems and allowance for people to be who they are.
Chapter 3 – Cognitive development

Critical of self and others and is occupied with thinking about their own thoughts, appearance and behavior. Cognitive & physical development accelerates during adolescence.

**Cognitive development** – the continuous and cumulative development of the intellect, and proceeds at the individual’s tempo (not all children of same age is on same cognitive level)

Human cognition is not constant.

Acquires knowledge and self-knowledge in formal ways. Become more rational, capable or more complex thinking and evaluate and criticise before arriving at definite conclusions. Question things more and argue and form own opinion.

Can go beyond concrete and use imagination. Thinking become systematic & logical.

**Theories of cognitive development**

**Abstract thought** – ability to think about thinks apart from the actual object or instance.

**Paiget’s development approach:**

Childs cognitive development follows an orderly pattern. Highest level of intellectual development occurs during adolescence (formal-operational phase).

<table>
<thead>
<tr>
<th>Phase</th>
<th>Age</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensory-motor phase</td>
<td>0 – 2 yrs</td>
<td>• Functional changes from reflex level to goal-directed activity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Characterised by sensory an motor adaptions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Begins to make use of memory, thought an imitation</td>
</tr>
<tr>
<td>Pre-operational phase</td>
<td>2 – 7 yrs</td>
<td>• Ability to represent matters intellectually or symbolically</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Language development is central</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Does not see readily see other people’s point of view</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 4-7 years stage of intuitive thought</td>
</tr>
<tr>
<td>Concrete-operational</td>
<td>7 – 11 yrs</td>
<td>• Capable of cognitive acts concerning concrete, real matters</td>
</tr>
<tr>
<td>phase</td>
<td></td>
<td>• Understands laws of conserbation and is able to classify and seriate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Understands reversibility</td>
</tr>
<tr>
<td>Formal–operational</td>
<td>11 – 15 yrs</td>
<td>• Capable of carrying out formal operations, can think abstractly and logically</td>
</tr>
<tr>
<td>phase</td>
<td></td>
<td>• Can handle possibilities and hypotheses, thought is scientific</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Develops concern about social issues and identity</td>
</tr>
</tbody>
</table>

Age limits a guideline as learners can operate in more than one phase in different situations.
Characteristics of the formal operational phase:

- **Abstract thought**
  A comparison between adolescents in the concrete-operational phase and those in the formal-operational phase shows that:
  - Adolescents in the concrete-operational phase:
    - are more dependent on direct personal experience, and comments on any issue will be less sophisticated than those of the adolescent capable of formal-operational thought
    - have less advanced spatio-temporal mobility
    - are less critical about themselves.
  - Adolescents in the formal-operational phase are capable of abstract thoughts dealing with abstract concepts and understanding abstract relationships.
    - think and reason about such concepts as love and hate, justice and injustice
    - comprehend relationships between such concepts as mass, energy and force
    - begin to display an understanding of the rationales, intentions and behaviours of other people and start to question them,
    - Adolescents question and examine social, political and religious systems
    - have more advanced spatio-temporal mobility. They are capable of projecting into the past and the future, and of creating new, original situations
    - are far more critical about themselves. They constantly measure themselves against ideal models (for example the Barbie doll image) or against the peer group
    - are capable of reflecting on their own ideas, and they try to penetrate the conceptual world of others
    - are extremely sensitive about the impression they make on others. Besides reflecting on their own ideas, adolescents try to enter imaginatively into the world of other people's ideas
    - want to be part of the group
    - are egocentric in that they think others are just as preoccupied with them as they are with themselves. This egocentricity differs from that displayed in the concrete-operational phase in that they persuade themselves that others share their favourite concerns. Adolescents' egocentrism manifests in the creation of an imaginary audience and a personal fable.

Adolescents imagine that other people are just as preoccupied with their appearance and behaviour as they are. They therefore react to an imaginary audience and are extremely self-conscious, and they also display a need for privacy.

The personal fable is closely related to the imaginary audience in that adolescents believe that they are important to their audience and that they are unique and singular as individuals. They believe, for example, that nobody has ever experienced as much agony over the break-up of a love affair as they have.

Egocentrism usually wanes towards the end of adolescence when adult roles and responsibilities are accepted. An adolescent whose thinking is still in the concrete-operational phase is not capable of abstract thought.
• **Propositional thought (the real compared to the possible)**
  Piaget sees the relationship between reality and possibility as the primary characteristic of the formal-operational phase. It is decisive for the other characteristics of this phase (Inhelder & Piaget 1958). Piaget also maintains that the possible is primary and the real secondary for the adolescent. Questions concerning the future now acquire immediacy and the formal-operational adolescent:
  - adds concern about 'can' or 'maybe' to the present concern about the actual 'here-and-now'
  - investigates certain accepted facts, formulates hypotheses and makes deductions
  - is therefore analytical
  - understands the arbitrary nature of methods better
  - tries out alternative problem-solving methods
  - thus has more dynamic thought processes
  - takes longer to reach decisions
  - engages in long conversations and arguments with confidante(s) about decisions.

  In contrast, concrete-operational adolescents.
  - cannot contemplate and deal with hypothetical and futuristic problems
  - tend to adhere rigidly to a particular problem-solving method even if the correct solution cannot be found.

  Propositional thought entails substitution of verbal statements for objects. Thus the importance of language for formal-operational thought can hardly be overestimated. Accordingly, adolescents with this mental capacity:
  - are capable of understanding and making use of metaphor, satire and double meanings
  - can appreciate and make use of subtle nuances of humour.

  Education, experience and personality are important factors, however, in reaching this stage of mental competence. An adolescent who was relatively deprived of opportunities for language experience and discovery (in childhood) will therefore be at a relative disadvantage and this will be difficult to overcome.

• **Hypothetical-deductive/combinatory thought**
  Adolescents who are capable of hypothetical-deductive thought can isolate all the variables involved in solving a problem systematically and then combine them to determine their individual or combined influence. Again, different variables are tested and the results compared. They are therefore capable of hypothetical-deductive reasoning.
  Adolescents who have reached this phase are capable of formulating and testing hypotheses, after which results are compared. The adolescent proceeds deductively in a formal, scientific manner. By contrast, the adolescent in the concrete-operational phase tends to be unsystematic in dealing with the problem.
  Hypothetical-deductive thought is important for the study of science and a prerequisite for researchers.

• **Interpropositional thought**
  Adolescents who are capable of interpropositional logic can test for logical consistency, and can identify inconsistencies between statements (propositions). For example: All smokers die of cancer. David is a smoker. He will therefore die of cancer.
  Interpropositional logic enables the adolescent to test these statements and, therefore, to conclude that they are not invariably true. Despite the logical validity of the statement, all smokers do not die of cancer. In addition to testing verbal statements, adolescents in this phase understand direct or indirect relationships.
  Adolescents who reach the formal-operational phase begin to understand the inverse
proportionality/balance between weight and distance without necessarily having to experiment with material objects to prove it. They comprehend intuitively that if one of two equal weights at opposite ends of the beam balanced on a fulcrum is increased it must be moved closer to the fulcrum to preserve a state of equilibrium. Adolescents in the concrete-operational phase would perform this experiment by trial and error.

Chapter 7 – Special concerns in adolescent development

Situations and uncertainty cause variety of disorders. Ability to cope is measured by cognitive development, social accomplishments, sense of self worth, self confidence and emotions.

***Eating disorders
Initial rapid growth - body mass stabilizes, but eating disorders are common (either obese or obsessively thin). Obese if normal weight for height (or age) exceeds 20%. In adolescence obesity is three times more common than in adults.
Cause of obesity:
- Hereditary factors (eating, lifestyle and exercise)
- Metabolic disturbances
- Hormonal imbalances
- Variation of fat cells in tissue
- Rarely due to pathological conditions

Overweight a natural feature for physical type for some. Lower basal metabolism (rate of resting body burning calories) declines with 15% in adolescence so weight gain is more if not controlled. Learners eat food with low nutrients.
Reasons for overeating:
- Overfeeding by parents (love or antagonism)
- Urge to avoid social interaction in which they feel unequal
- “empty feeling”
- Compensating for inferiority
- Punish themselves out of guilt
- Antagonism towards parents

Society where “slim” is the norm, adolescents see self as unattractive and socially less acceptable than thinner peers. Lack of control over life and lack of individuality. Incapable of identifying and controlling biological urges. Eat because they have food instead of when hungry — negative to self-concept and lead to dysfunctional relationships.
Crash diets turn into a cycle of negative feelings of failure which results in eating again.
Need assistance to overcome by explaining the following
- Equip with knowledge of functioning and needs of body
- responsible for body
- cause of obesity
- search for identity and personal growth
- emancipate and overcome dependence and redirect interest to friends
- recognize and pattern sexual impulses to obtain gratification in dependable form and align with goals and self-concept.

Assistance from support groups including parents (eating patterns or parent-child relationship can cause)
**Anorexia nervosa**
Life threatening emotional disorder due to obsession with food and weight (drastic reduction in food intake and unhealthy weight loss) also known as starvation sickness or dieter's disease. Typical patient (85%) – bright, well-behaved, appealing white female between puberty and early 20s from stable well educated family.

Symptoms –
- relentless pursuit of thinness (starvation & death)
- stop of menstrual period
- thick, soft hair on body
- abnormal slow heartbeat
- vomiting
- social withdrawal
- shivering
- loss of head hair
- brittle nails
- sensitivity to cold
- difficulty to urinate
- constipation
- bulimia
- loss of appetite
- preoccupied with food (talk, prepare, but not eat)
- feelings of uncertainty, loneliness, inadequacy and helplessness
- distorted body image (think she is overweight, but actually thin)

Cause for anorexia:
- Reaction to society’s emphasis on slenderness which is idealized. Adolescents then overreact to weight gain in puberty.
- Psychological disturbance and extreme reaction to menstruation and anxiety about sexuality. Feel sexually inadequate then stop eating to stop menstruation (sexual maturation). Also fear separation from parents, so fend off changes by maintaining image of little girl.
- Effort to gain control over body. Achievers from families who focus on performance and parents have control to the extent where they don’t develop identity or ability to make decisions.
- Physical disorder caused by chemical imbalance in the brain
- Complex syndrome caused by physical, emotional and social factors

Treatment is challenging as patient deny having a problem. Should include individual treatment and group therapy with family. Must understand consequences on body. Need to focus on ability for independent thinking, judging and feeling so they can achieve independence and develop identity by acting on impulses, feelings and needs. Hospitalization and force feeding is also options for extremes.

**Bulimia nervosa**
Binge-purge syndrome, related to anorexia. Regularly binges (5000 calories per sitting) sometimes in secret, then purges by vomiting, dieting, exercise or using laxatives. More common in girls.
Symptoms difficult to detect as normal body weight is maintained. Impaired health, as well as tooth decay, stomach irritation and hair loss. Repeated vomiting and laxative abuse could cause more serious issues.

Depression, failure, shame and guilt common feelings in bulimics as well as threats to suicide.

Conforming to 3 of the below is positive diagnosis:
- Consumption of high-calorie easily digested food during binge
- Inconspicuous eating during a binge
- Termination of eating episodes by abdominal pain, sleep, social interruption or vomiting
- Repeated attempts to lose weight by diets, vomiting or laxatives
- Weight fluctuations more than 5kg due to alternating binges

Cause for bulimia:
- Electro-physiological disturbance in brain
- Depressive disorder
- Use food to satisfy hunger for love an attention – not received from parents

Cognitive disturbances experienced:
- No informed about requirements for well-balanced diet (don’t eat from all 4 food groups)
- Unreasonable, distorted expectations about food and weight reduction – classify as good and bad food
- Perfectionists and if fail they feel worthless – minor offence is catastrophe
- Exaggerated fear of failure
- Believe weight loss will make people like them more (must love and approve)
- Problem to express emotions and not in touch with feelings

Irrational beliefs can be treated by cognitive-behavioral therapy as well as psychotherapy, group therapy with family. Help to control binges and understand prompt for binges and substitute other activities for binges. Family must not blame and be taught to support with emotional problems (loneliness, anxiety or anger). Anti-depressants recommended in some cases.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Anorexia</th>
<th>Bulimia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td>Very thin</td>
<td>Near normal</td>
</tr>
<tr>
<td>Age of onset</td>
<td>Adolescence</td>
<td>Late adolescence, early adult</td>
</tr>
<tr>
<td>Eating behavior</td>
<td>Barely eats</td>
<td>Periodically consumes large quantities then purges</td>
</tr>
<tr>
<td>Personality</td>
<td>Dependent, anxious, perfectionist, need for control, me vs food</td>
<td>Moody, impulsive, unable to tolerate frustration, low impulse control</td>
</tr>
<tr>
<td>Emotional state</td>
<td>Denial</td>
<td>Guilt and shame</td>
</tr>
<tr>
<td>Desire to change</td>
<td>No desire to change</td>
<td>Great desire to change</td>
</tr>
<tr>
<td>Effects on body</td>
<td>Causes menstruation to stop, strains heart, bone loss, risk of death, exhibits abnormal chemicals that help regulate eating</td>
<td>Causes gastric problems, badly eroded teeth, exhibits abnormal chemicals that help regulate eating</td>
</tr>
<tr>
<td>Family background</td>
<td>Enmeshed and repressed</td>
<td>Conflicted and stress filled</td>
</tr>
<tr>
<td>Treatment success</td>
<td>Very difficult to treat, need professional help, takes years</td>
<td>Easier to treat, need professional help</td>
</tr>
</tbody>
</table>

*Under achievement and dropping out*
Factors linked to underachievement:
Socio-economic / family background / discrimination / parental influence & relationships / personality problems / financial problems / health problems / poor performance / lack of interest
Problems accumulate and one event can trigger dropout

Signs of early drop-out:
Consistent failure in schoolwork / irregular attendance / inability to afford school costs / in lower grade that average age for grade / low scholastic and reading ability / disciplinary case or suspension
Socio-economic influences linked to dropout:
- Low SES lack positive parental influence and examples
- Educators show preferential treatment to higher SES and don’t understand circumstances
- Don’t receive same reward for staying in school (school prizes, favored by educators)
- Influenced by delinquent peers

Aids are fuelling dropouts as they are left orphaned. Need for leaving school:
- Failure to produce birth certificate
- Cannot pay school fees, books etc
- Child headed households
- Live on streets
- Also risk getting aids when dropping out

Personality linked to dropout. Lower achievers feel less likely to succeed, motivation to succeed is influenced by negative experiences, self esteem suffers and feels it is not worth trying.

Traits for underachievers:
- Negativity
- Inferiority feelings
- High anxiety
- Boredom
- Over-protectedness

Peer group influences are important as they follow trends to be accepted. Parents with financial difficulties may pressure children to leave school and look for a job. Also material things could be a motivator.

School related factors include:
- Stress (violence, made fun of, shouted at, feel inferior, items stolen)
- Poor reading skills, repeating grades, failing
- Poor relationships
- Misconduct, no interest, suspension

Dropping out exposes children to abuse and poverty, living on streets and sexual exploitation.
Parenting patterns contributing to drop outs:
- Upward striving - put pressure and nag to achieve
- Over-protective - restrictive, domineering and always expect to do better
- Indifferent - low standards an little interest
- Conflicted - inconsistent ideas

***Emotional disturbances
Adolescence is a difficult phase. Develop identity, gender role identity, career identity, control over emotions and express in acceptable way while creating realistic self concept. Society also has demands which add stress.
**Stress**
Exposed to violence including threat to life can cause stress. Source of stress include personality, socio-economic and environmental.
Limited amount of manageable stress help to perform, excessive stress is harmful and affects development. Also affects school performance, concentration, absenteeism, lack of interest and self-esteem. Excessive stress hormones kill area in brain responsible for long-term memory and learning.

- Sources of adolescent stress
Experience stage-specific common life stressors and uncommon stressors. Stress factors including stress related to adolescence may cause great challenges. Large number of factors can induce stress, but not all factors will affect everyone the same way (duration and intensity also differs).

Macrolevel stress - related to outside world (disasters, environmental) and cultural (politics, theft, religion)
Mesolevel - related to family (abuse, moves, death, divorce), peer group (rivalry, loneliness, competition), school (sport, tests, teacher attitude)
Microlevel - related to self (identity anxiety, appearance, developmental stress)

- Consequences of stress
Divided into mental and physical

<table>
<thead>
<tr>
<th>Physical</th>
<th>Mental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headaches, tension, stomach aches, tight muscles, cramps, diarrhea, constipation, fatigue, hypertension peptic ulcers no appetite, craving, insomnia, sweating,</td>
<td>Anxiety, depression, no motivation, withdrawal, mood swings, unhappiness, suicidal thoughts, nightmares, irritability, restless, poor eating, over eating, aggression</td>
</tr>
</tbody>
</table>

- Coping with stress
Effect of one stressor is enhanced if combined with others – this doubles the effect of psychological problems.
If support from friends / family is available, it protects against ill effects of stress
Coping strategies:
1. Problem-focused coping – active measures to influence or change the source of stress (treatment of the problem). Better adjusted and less impacted by harmful effects of stress.
2. Emotion-focused coping – changing emotional responses to stress, try and avoid it and rather focus on something else. Can be effective in specific situations.

Positive emotions

<table>
<thead>
<tr>
<th>Physiological effect</th>
<th>Social effect</th>
<th>Behavioral effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improve cardio vascular health</td>
<td>• More social support</td>
<td>• More health promoting behaviors</td>
</tr>
<tr>
<td>• Improve immune activity</td>
<td></td>
<td>• More confidence in ability</td>
</tr>
<tr>
<td>• Higher levels of antibodies</td>
<td></td>
<td>• Greater ability to cope with problems</td>
</tr>
<tr>
<td>• Fewer illnesses and use of medical services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Assisted by educators who:
- Instill problem focused coping strategies
- Teach stress handling techniques (breath & relaxation)
- Teach sense of personal control
- Realize importance of healthy immune system
- Adapt positive outlook on life
Refer serious cases to professional
Behavior due to stress is often seen as misconduct and punished which adds to stress, but the problem is not addressed.

***Depression
Serious psychological disorder marked by sadness, helplessness and hopelessness.
Perception changed from that depression cannot occur in children to acknowledging depression as a concern and that it is common during adolescence. Also occurs with other disorder such as internalizing problems (anxiety) and externalizing problems (aggression).
Depression could also lead to other problems (scholastic, interpersonal and social problems).
Distinguish between:
- Depressive symptoms or mild depression
- Depression as a disorder (clinical depression).
Everyone experience symptoms at times, but this passes once the event has passed or person is used to situation, but depression is inability to function effectively and need help of professionals.

- Symptoms of depression
Emotional – sadness, happiness, anxiety, misery, inability to enjoy
Cognitive – negative cognition about self, world and future
Motivational – loss of interest, lack of drive, difficult starting anything, difficult to focus
Somatic symptoms – loss of appetite, lack of energy, sleep difficulties, weight loss

Symptoms also linked to behavioral problems. Find difficult to admit self-criticism to self and others and they often hide behind a mask. Reactions also include running away, involved with delinquency or substance abuse.
Anxiety also included – Anxious Depressed syndrome:
- Complain of loneliness / no one loves them / against them
- Cry often / fearful / feel inferior
- Need to be perfect

- Causes of depression – theories:

<table>
<thead>
<tr>
<th>Psychoanalytical</th>
<th>Biological</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Emphasizes the idea of object loss</td>
<td>• Hormonal changes is major cause</td>
</tr>
<tr>
<td>• Regard loss as real</td>
<td>• Influence of genetic factors and chemical imbalances</td>
</tr>
<tr>
<td>• Regard loss of self-esteem and feeling of helplessness as relevant</td>
<td></td>
</tr>
<tr>
<td>Learned helplessness</td>
<td>Cognitive</td>
</tr>
<tr>
<td>• Perceive self as having little control over environment</td>
<td>• Beginning of hypothetical thought opens up new, depressing ways to perceive the world</td>
</tr>
<tr>
<td>Environmental factor</td>
<td>Holistic approach</td>
</tr>
<tr>
<td>Demands imposed by society</td>
<td>• Interaction of all theories</td>
</tr>
<tr>
<td></td>
<td>• Emphasize interactive nature of environmental factors and circumstances as well as individual susceptibility to depression</td>
</tr>
</tbody>
</table>

Also hereditary. Equally common for boys and girls.

- Helping adolescents with depression:
Treatment for adolescent depression

- Biological therapy – antidepressant medication to counteract neuro-endocrine problems (concern with side-effects)
- Psychotherapy – talk therapy to understand root of depression
- Cognitive behavior interventions – social skills training, changing negative and irrational cognitive sets and replacing them with positive self-concepts
- Family therapy – focus on changing patterns of daily relations

Fast effective treatment help regain positive outlook & meaning to prevent suicide.

***Suicide
Increase in suicide (more stress, more depressed, environmental support less).

Variety of factors:
- Disturbed family background – conflict with parents and between parents, family violence, negative attitude toward children, economic stress (unemployment), loss of parent
- Absence of warm, parental figure to identify and feeling isolated (emotionally and socially) - don’t feel close to an adult, difficult to communicate with others, don’t have anyone to turn to, poor relationships and feel socially isolated
  Could also run in the family and is especially vulnerable to the loss of a love object
- Depression – loss of love object lead to mourning, crying, withdrawal, lack of motivation
- Alcohol and drug abuse – act impulsively when under the influence
- Stress – negative life events lead to increased stress and may not have support system
- Immature personality with poor impulse control – lack positive ego identity development (no self-worth, meaningfulness and purposefulness)
- Highly suggestible to follow others – lead to suicide epidemic
- Mental illness – hallucinations and feel urged to kill themselves
- Guilt or anger and hostility – punish self or others
- Interpersonal problems – aggression, expressed inwardly (direct violent act of suicide to self, society and others)
- Need to attract attention or sympathy or manipulate – communicate hurt and need for help

4 risk factors:
- Psychiatric problems – depression or substance abuse
- History of suicide
- Under stress, especially in achievement or sexuality
- Parental rejection, family disruption or extensive family conflict

Preventing suicide

Not true that teens who speak about committing suicide will not do it.

Talk of suicide to be taken seriously. Early warning signs:
- Direct suicide threats
- Previous suicide attempts
- Talk of death or afterlife (letters, essays etc)
- Questions about weapons, poison, pills or drugs
- Sense of gloom, helplessness and hopelessness
- “I wish I was dead” statements
- Dramatic changes in behavior (shy then outgoing / neat then untidy / frantic then boredom)
- Loss of interests in hobbies, sport
- Problem with school work and under achievement
- Sleeping and eating disorders, neglect physical appearance
- Breach of communication
- Giving away possessions
• Reckless, self-destructive behavior
• Family disruptions (unemployment, serious illness, divorce, death)

Educators should do:
• Address direct questions calmly
• Question to ascertain emotional state and determine relations and if action plan is developed
• Encourage to seek help
• Never leave alone when going through crisis
• Tell other people (parents, teachers)
• Help to handle difficult situations and relieve stress (support & understand)
• Alternative ways of dealing with problems

Educators should NOT:
• Don’t Ignore danger signals or dismiss as means to get attention
• Don’t refuse to talk about suicide
• Don’t show shock, fear, disapproval
• Don’t leave alone during crisis
• Don’t say thing like “I know how you feel”, “it will blow over”

Principles to be sensitive
• Be observant to help children cope with suicidal thought
• Enhance self-concept where possible through encouragement, caring, focus attention, personal regard
• Encourage to develop interest and skill to serve as inner pride and self-esteem
• Proactive intervention to avoid stress
• Help adolescents to form support groups (friendships, discussion groups)
• Acknowledge feelings and encourage verbalizing thoughts

*Anxiety disorders
3 types of or anxiety disorders –
• Separation anxiety disorder
• Overanxious disorder
• Avoidant disorder

Complex pattern of reactions to a threat (motor responses, physiological responses and subjective responses)

<table>
<thead>
<tr>
<th>Motoric responses</th>
<th>Psychological responses</th>
<th>Subjective responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidance</td>
<td>Heart rate</td>
<td>Thoughts of being scared</td>
</tr>
<tr>
<td>Trembling voice</td>
<td>Muscle tension</td>
<td>Thoughts of being hurt</td>
</tr>
<tr>
<td>Crying</td>
<td>Sweating</td>
<td>Thoughts of danger</td>
</tr>
<tr>
<td>Nail biting</td>
<td>Palpitations</td>
<td>Self-deprecatory thoughts</td>
</tr>
<tr>
<td>Avoidance of eye contact</td>
<td>Breathlessness</td>
<td>Self-critical thoughts</td>
</tr>
<tr>
<td>Rigid posture</td>
<td>Nausea</td>
<td>Thoughts of inadequacy</td>
</tr>
<tr>
<td>Stuttering</td>
<td>Headache</td>
<td>Images of bodily injury</td>
</tr>
</tbody>
</table>

Separation anxiety (from parents) also result in
• worrying about separation
• reluctance to sleep away from home.
Could be brought on by major stressor (death, moving) and is only episodic.
Concurrent could be over-anxious disorder (unrealistic worry about events, self-consciousness, general anxiety, anxiety about behavior in past). More of a chronic disorder and could lead to anxiety as an adult.

Other manifestations –
- Concern about competence
- Perfectionism
- Complaints about headaches, stomach ache when tense
- Difficult to speak loud in a group
- Embarrassed to talk to other people (even if positive)
- Seeking reassurance
- Inability to relax

Avoidance disorder is the persistent avoidance of unfamiliar people (goes with over-anxious) and can be worse during other stressful times – could result in social phobia in adulthood.

Any childhood anxiety could lead to adulthood disorders:
- Phobic disorder – fear or avoidance of objects
- Panic disorder – panic and anxiety attacks
- Obsessive-compulsive disorder – thought or urges to engage in repetitive and irrational behavior
- Post traumatic stress disorder – linked to catastrophic event which is re-experienced
Chapter 8 – Social concerns in adolescent development

Sexual attitudes and behavior

***Sexually transmitted infections

More than 1 sexual partner, don’t use a condom. 25 organisms can be transmitted

Signs:
- Vaginal discharge, itchiness and paid
- Discharge from penis, pain or inability to pass water

Chlamydia –
Most common STI. Symptoms & side effects include infection in cervix, pelvic inflammatory disease, painful urination and cloudy discharge, infection in rectum and urinary tract. If pregnant, can affect fetus and incur premature birth or stillbirth. Can be cured quickly by anti-biotics. Can cause sterility.

Gonorrhea –
Common – symptoms similar to Chlamydia, sometimes only pain and then not diagnosed (disease spread further). Treated with penicillin or anti-biotics. Can cause pelvic inflammatory disease or sterility, also infection of heart valve or joint, skin lesions and meningitis.

Genital herpes –
Common – chronic, recurring painful viral disease. Can be fatal during pregnancy. Symptoms include blisters on penis, vagina, cervix or rectal area (could form open sores), fever, headaches and pain. Can be linked to cervical cancer.

Syphilis –
Bacterial infection that occurs in phases
First is painless chancre that heals quickly and disappear. Long after there is new symptoms like rash, hair loss over body (secondary syphilis). If not treated then goes to latent phase which destroys parts of body. If still not treated can cause death. Cause disease to aorta and cardiovascular system as well as neurological disorders such a paralysis, or blindness. Treated with anti-biotics.

Protection and treatment of STI:
- Take tests to diagnose & learn symptoms of STI
- Avoid sex with multiple partners
- Good hygiene
- Should not have sex if infected.

Person with STI must:
- Seek treatment & take medicine as prescribed & go for follow-up visits
- Stop sexual activities
- Inform partners to get treatment and prevent spreading
Avoid becoming infected in future.

***AIDS***

- **What is AIDS?**
  Cause by HIV that attack immune system and cause death. HIV positive if virus is in body – AIDS if virus is active (6mnts to 7yrs)

- **How is AIDS spread?**
  - Having unprotected sex with infected person (virus in sperm & vaginal fluids)
  - Spread through blood (drug users with needles, blood transfusion, blades, razors, tooth brush, blood on broken skin, touch blood with unprotected hands)
  - Pregnant woman pass to baby (before or during birth or with breastfeeding)

Cannot get HIV from:
Toilet seat, mosquitoes, cutlery, swimming pools, close to someone with HIV, clothes, tears or saliva, normal activities.

Prevention:
Avoid behavior of multiple partners, self-control and high standards, abstinence, no taking part in activity where blood can be mixed.
Need to educate children on sexual behavior and AIDS.
Once infected, stop all activity and advise partners.

- **Symptoms and early signs of AIDS**
  Destroy ability to fight disease and can be present without knowing
  Early symptoms:
  Prolonged fever / loss 10% of body weight / night sweats / oral thrush

Later symptoms:
Swollen glands / cough / itching skin rash / diarrhea / tuberculosis / change in mental behavior
No cure – permanent costly disease.

- **AIDS in South Africa**
  Country with largest HIV in world – 1 in 6 adults. Females are mostly infected and children are affected or left orphaned. Hospitals are over populated, teachers are affected and causes shortages in schools.

- **Education on AIDS**
  - Life-skills program to be implemented
  - Age-appropriate education on Aids part of curriculum
  - Culture of non discrimination

Factors influencing sexual development:
- Social system (values held by society)
- Community values (direct influence – stance on abortion, contraceptives)
- Schools (values of educators and peers, information is shared and discussed)
- Peer groups (identify socially and emotionally with peers, influential in sexuality and sexual drive)
- Family (values and patterns from parents and adults)
- Individual child (will relate to information in a unique way)

Working with AIDS infected adolescents:
Neurological difficulties if virus is in brain or spine
Central nervous disorders occur
Developmental delay, cognitive deficits and hearing and vision impaired, seizures
Suffer from psychological and physical devastation

<table>
<thead>
<tr>
<th>Infection</th>
<th>Cause</th>
<th>Symptoms</th>
<th>Treatment</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>Bacterium</td>
<td>Thin, clear discharge in males, female is asymptomatic. Pain when urinating</td>
<td>Antibiotics</td>
<td>Urethral damage (male) infertility and pelvic inflammatory disease in female if not treated</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>Bacterium</td>
<td>Thick, police discharge in male, female asymptomatic</td>
<td>Antibiotics, penicillin</td>
<td>Pelvic inflammatory disease in female. Cause arthritis, dermatitis and meningitis</td>
</tr>
<tr>
<td>Syphilis</td>
<td>Bacterium</td>
<td>Chancre sore followed by rash</td>
<td>Antibiotics</td>
<td>Could die of heart disease</td>
</tr>
<tr>
<td>Genital warts</td>
<td>Papilloma virus</td>
<td>Warts around and inside genitals</td>
<td>Topical treatments, laser</td>
<td>Linked to cervical cancer</td>
</tr>
<tr>
<td>Genital herpes</td>
<td>Hepes simplex virus</td>
<td>Small painful blisters on genitals</td>
<td>No cure, acyclovir moderates symptoms</td>
<td>Narrowing of urethra, meningitis in rare cases, increase susceptibility to HIV. Possible cervical cancer</td>
</tr>
<tr>
<td>AIDS</td>
<td>Human immuno deficiency virus</td>
<td>Fatigue, fever, swollen glands, weight loss, diarrhea, night sweats, susceptible to other diseases</td>
<td>No cure, protease inhibitors and drugs to extend life</td>
<td>Death (due to another disease which the body cannot fight)</td>
</tr>
</tbody>
</table>

Pregnancy and abortion

*Reasons for teenage pregnancy:
- Heightened sexuality, lack of information about fertility and contraception, not using condoms
- Viewed as maturity if having a baby
- Creating an identity, feeling of being loved
- Escape from unhappy home
- Reaction to loss of parent or divorce
- Victim of child abuse or uninvolved parenting
- Reproduction is seen as strength

Myth about contraception:
Cause sterilization
Plastic wrap works as a condom
Cant get pregnant – first time, during periods, male withdraws in time, sex in standing position

*Consequences of teenage pregnancy:
Pregnancy affects several parties
- Psychological consequences of teenage pregnancy
Threat to privacy (sexual intercourse) as well as good or bad feelings. Forced marriage can inhibit identity formation and neither may be ready and it could also not be successful. Pregnant girls from poor families, drug users, don’t eat well, don’t get pre-natal care. Not mature (socially or personally) enough to assume responsibilities (parenting skills – impatient, irritable / don’t enjoy children / overwhelmed with burden)

Decision to marry – more independent and ambitious and have some advantages (life with parents – support structure / parents become involved in education – role models / complete school)

- Economic consequences of teenage pregnancy
  Education likely to end and have repeated pregnancies. Fathers may need to leave school and find employment. Married life is concern due to income and cost of child. Need to rely on other support structures for assistance, therefore increased burden on social support services.

*Adolescent father
  Remain in contact (marry, live together then marry). Have conflicting feelings (pride, guilt, joy) and struggle with fact that sexual behavior resulted in pregnancy. Confront choices to cope with unplanned pregnancy, may also need to find a job.

*Teenage abortion
  Can request if less than 12 weeks pregnant. Conflict in society due to protecting woman’s right and right of unborn child, but abortion is legalized. Abortions can be done in life-threatening “back streets”. Girls sometime abandon the baby after birth.

Problems with “back street” abortions

<table>
<thead>
<tr>
<th>Physical risk</th>
<th>Psychological problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infections</td>
<td>Depression</td>
</tr>
<tr>
<td>Bleeding</td>
<td>Anger / fear / grief / regret</td>
</tr>
<tr>
<td>Future miscarriage, etopic pregnancy, complications</td>
<td>Nightmares</td>
</tr>
<tr>
<td>Sterility</td>
<td>Obsession with birth day or age</td>
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<td></td>
<td>Loss of interest in sex</td>
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Educators should prevent pregnancy through education (before 14 yrs) and include:
Information on avoiding STD
Information on contraception and side effects
Information on adult sexuality
Informed about disadvantages and consequences of pregnancy and abortion

***Alcohol and substance abuse
***Alcohol abuse
Is the use of alcohol to the degree where it causes physical damage, impairs social, intellectual or occupational functioning or harmful behavior to others. (start between 14 – 15)
Alcholism – long-term, repeated, uncontrolled and excessive use of alcohol that impairs health, work and social relationships.
Alchol is a drug which depresses central nervous system, also relieve inhibitions and make a person feel socially at ease. Can cause death as it suppresses breathing. Interferes with intellectual and thought processes, impairs perception co-ordination and thinking speed. Drinking and driving major cause for death.

Why do adolescents drink?
- Alcholhol as a relaxing effect and increase bodily sensations
- Increase physical arousal, reduce sexual inhibitions and minimise self-consciousness.
- Alter perceptions of reality – more willing to take risks
- Binge drinking – acceptable with peers
- Means of rebellion

***Substance abuse***
Use drugs out of curiosity, desire for sensation, peer pressure or escape from problems.

- **Depressant**
  Alchol-based and tranquilisers which induce relaxation (also appetite depressants and sedatives)

  **Rohypnol (date rape drug)**
  Colourless, odourless and tasteless and used as sleeping pill. Used to rape woman and they cannot remember afterward. After consumed with alcohol can produce coma or death.

  **Mandrax (white pip, bottins, MX, gholfsticks, lizards, press-outs, flowers)**
  Side-effects when used with dagga or alcohol. Cause psychological and physical dependency with several withdrawal symptoms. Varies in appearance. SA largest number of mandrax ab users in the world (smoked with dagga by long term users to get the same effect).
  Short term effect – slow down central nervous system, impaired thinking, slurred speech and slow reflexes.
  Long term effect – emotional problems, depression, weight loss, insomnia, aggression

- **Narcotics**
  Depressant inducing tranquillity and effective painkillers. Habit forming and need for larger dosis until dependent. Withdrawal include – dialated pupils, perspiration, watery eyes and nose, restless insomnia and later nausea, vomit, diarrhoea, leg spasms, tremors and chills.

  **Heroin (H, smack, horse, junk, hairy harry, china white)**
  White, odourless, bitter tasting powder from poppy seed.
  Short term effect – suppression of pain, clouded mental functioning, fatal overdose and abortion.
  Long term effect – addiction, brain damage and to other organs (kidney, luver & lungs), rupture of heart lining, arthritis.
  Destroys personality as they isolate themselves and lose sense of responsibility. Serious weight loss and inability to concentrate.
  Injection, snorting and smoking. Most dangerous drug, cheap, easily obtainable, highly addictive

- **Stimulants**

  **Nicotine (skyf, draw, cigrette, fags, smoke)**
  Most commonly used and abused – more addictive than alchol & cocaine.
  Could result in heart attack & strokes, cancery, emphysema, chronic bronchitis.

  **Cocaine (coke, snow, charlie)**
  Destroys the brain, most dangerous stimulant, previously a status symbol. High cost limits use by school children. Snorted or injected and induce sense of euphoria, making user talkative & argumentative, clever and in control. Extended use cause anxiety, tremours & convulsions, vomit, heart failure.

  **Crack (coke, snow, charlie, flake)**
  Form of cocaine, cheaper and easily available. Smoked and is more harmful than cocaine.
Amphetamines (uppers)
Enhance ability to perform, reduce fatigue and appetite and exaggerate sense of well-being. Orally or injected, via rectum, smoked or sniffed. Restlessness, tremours, headache, large doses cause high blood pressure, breathing problems.

Crystal methametamine (crystal meth, tik, tuk-tuk, crystal straws, combat drug, hitler’s drug, lolly, popeyes, ice)
Latest buzzword and found in many forms – powder sold in straws. Stimulates brain cells, enhance mood and body movement, damages brain cells. Immediate rush with high for hours. Active & energetic and don’t feel hungry. Cause psychotic symptoms, paranoia and brain shrinkage and could have chronic mental illness.

- Inhalants
Petrol, glue, thinners, common in poor communities, same effect as alcohol. Damage to body in long term use

- Relaxants (euphoriant)

Dagga (cannabis, marijuana, hash, zol, skyf, joint, weed, grass, shit, pot, book, smoke, hemp, dope, green gold, ganja)

- Hallucinogens
Known as psychedelics and include LSD, PCP.
- Produce subjective perceptions of things that do not exist
- Experience objects larger or smaller than real
- Change experience of time, space, people and objects
- Danger – people think they can do things (fly)
- could be pleasant or paranoia and violence.

Physical signs
Trembling hands / staggering / stumbling
Loss of weight or appetite
Need to sleep
Dilated pupils (stimulants) / red eyes (marijuana) / pinpoint pupils (heroin)
Poor judgement of speed, distance or time

Stronger signs:
Unexplained appearance of drugs, needles, bent spoons and quantities of glue, petrol etc
Needle marks (long sleeves)
Scabs, boils, sores
Rapid changing moods, anxiety, panic reactions
Vomit & pain

Facts on drug and alcohol abuse in SA
SA drug trafficking capital & dumping ground of south. Affect communities and families (poverty, crime, unemployment). Easier to get drugs than cigarettes in schools.

Why adolescents use drugs
*Juvenile delinquency*
Is the violation of the law by a young person under 18. It therefore refers to criminal behaviour committed by minors.

**Juvenile delinquent** – the person violating the law. Term to avoid the disgrace of ‘criminal’ and to separate underage people and treat them differently from adult criminals.

Juvenile delinquents are thought to be:
- sufficiently mature to be somewhat responsible for their actions
- out of control
- in need of control, guidance and rehabilitation by society.

Delinquent behaviour seen as indication that the person cannot be controlled by his or her parents and should be controlled by means of society’s judicial system. Various kinds of delinquents can be distinguished and overlapping takes place.

- **The psychopathic delinquent** - impulsiveness, absence of guilt feelings, an inability to learn from experience, and defiance.
- **The neurotic delinquent** - behaviour comes from psychological conflict and anxiety, inadvertent parental fostering of antisocial behaviour or can be the result of ‘scapegoating’.
- **The psychotic delinquent** - resorts to violence as a result of an inability to control personal impulses and exercise sound judgement.
- **The organic delinquent** - two main causes of this kind of delinquency are mental retardation and brain damage. In the first case, low intelligence can disable a person’s judgement and make him or her the instrument of a brighter delinquent. Brain damage may interfere with behavioural control and may induce periodic outbursts of violence.
- **The gang delinquent** - social cause and fulfils the members’ need for status, resources and relationship.
- **The socialised delinquent** - engages in a subcultural environment where this behaviour is encouraged, many persons involved in illegal activities because they acquire status and prestige through their antisocial behaviour. Socialised delinquency is common in resistance movements that advocate extreme left- or right-wing causes.