
UNIT 4 CHALLENGES AND ISSUES IN ADOLESCENT DEVELOPMENT

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4.0 INTRODUCTION

Adolescence can be described as a phase of life beginning in biology and ending in society. Adolescence may be defined as the period within the life span when most of a person's biological, cognitive, psychological, and social characteristics are changing from what is typically considered childlike to what is considered adult-like. For the adolescent, this period is a dramatic challenge, one requiring adjustment to changes in the self, in the family, and in the peer group. In contemporary society, adolescents experience institutional changes as well. Among young adolescents, there is a change in school setting, typically involving a transition from elementary school to either junior high school or middle school; and in late adolescence, there is a transition from high school to the worlds of work, university, or childrearing.

Understandably, then, for both adolescents and their parents, adolescence is a time of excitement and of anxiety; of happiness and of troubles; of discovery and of bewilderment; and of breaks with the past and of links with the future. Adolescence can be a confusing time—for the adolescent experiencing this phase of life, for the parents who are nurturing the adolescent during his or her progression through this period, and for other adults charged with enhancing the development of youth during this period.

The hopes, challenges, fears, and successes of adolescence have been romanticised or dramatised in novels, short stories, and news articles. It is commonplace to survey a newsstand and to find a magazine article describing the “stormy years” of adolescence, the new crazes or fads of youth, or the “explosion” of problems with teenagers (e.g. crime or sexuality).

Until the past 20-25 years, when medical, biological, and social scientists began to study intensively the adolescent period, there was relatively little sound scientific information available to verify or refute the literary characterisations of adolescence. Today, however, such information does exist, and it is clear that although adolescence presents many challenges, the evidence is not consistent with the frequently reported belief that adolescence is a protracted period of storm and stress for most individuals.

Adolescents yearn to develop a unique and independent identity, *separate* from their parents. Yes, they love their parents, but they do not simply want to follow in their foot steps. They challenge their parents in any way they can. They disobey their rules; criticize their “old fashioned” values; they discard their suggestions.

Experienced parents know that sometimes they have to be very “political” approaching their adolescent children, if they are going to get their point across. On the other hand, adolescents give a lot of credit to their peers. They yearn to belong to a peer group which would define and support their identity. They may attempt to do things very much out of character just to gain the approval and acceptance of their peers. They tend to hide their weaknesses and exaggerate their strengths. Of course, what adolescents consider as “weakness” or “strength” may sometimes shock their parents.

4.1 OBJECTIVES

After going through this unit, you will be able to:

- define and describe the challenges and various issues faced by an adolescent;
- explain how to cope with the loss of normalcy;
- analyse the causes underlying the acknowledging of sexuality and high risk behaviours; and
- explain the reasons for the the change in their point of view.

4.2 CHALLENGES OF ADOLESCENCE

Adolescence may be defined as the period within the life span when most of a person’s biological, cognitive, psychological, and social characteristics are changing from what is typically considered childlike to what is considered adult-like. For the adolescent, this period is a dramatic challenge, one requiring adjustment to changes in the self, in the family, and in the peer group. In contemporary society, adolescents experience institutional changes as well. Among young adolescents, there is a change in school setting, typically involving a transition from elementary school to either junior high school or middle school; and in late adolescence, there is a transition from high school to the worlds of work, university, or childrearing.

Adolescence is a period that is full of challenges. This is a time when a teenager undergoes a lot of changes, physically, chemically and emotionally. The adolescent’s life changes dramatically wherein he or she starts having increased hormone levels, the thought process changes, and so also the social life. The teenager has to deal with all these changes at the same time, and this can be extremely challenging.

During adolescence, parents should play a highly supportive role. They have all the necessary experience, resources and maturity to make this transition as easy as possible. Parents have to first of all understand the convoluted and conflicting requirements of a teenager.

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

Another challenge during adolescence is shunning social interaction with parents and other adults. They prefer to be with their peers. However, this same preference can also lead to anxiety and depression among some adolescents.

There are multiple pathways through adolescence. Interindividual (between-person) differences and intra-individual (within-person) changes in development are the “rule” in this period of life. Normal adolescent development involves such variability. Temperamental characteristics involving mood and activity level are good example. There are differences among adolescents in such characteristics, which may influence adolescent behaviours such as substance use and delinquency. There is also diversity between and within all ethnic, racial, or cultural minority groups. Therefore, generalisations that: confound class, race, and/or ethnicity are not useful.

Adolescence is full of challenges for any individual. The change is fast, everywhere, and hard to keep up with: The body changes in response to increasing levels of sex hormones; the thinking process changes as the child is able to think more broadly and in an abstract way; the social life changes as new people and peers come into scope. Yet the child needs to deal with every single one of these changes, all at the same time! With their willingness to help, that’s where the parents come in, who have “been there”, with the life experience, maturity and resources. So, how can parents help? Recognising the complex and sometimes conflicting needs of an adolescent would be a good point to start. Adolescents yearn to belong to a peer group which would define and support their identity. They may attempt to do things very much out of character just to gain the approval and acceptance of their peers. They tend to hide their weaknesses and exaggerate their strengths. Of course, what adolescents consider as “weakness” or “strength” may sometimes shock their parents.

Youngsters with autism bring their special flavor to the adolescence, essentially determined by the levels of three ingredients: interest, avoidance and insight.

Level of interest: Since all forms of autism has an impact on social development by definition, most adolescents with moderate to severe autism will show little or no interest in others. They may seem to be totally unaware of their peers’ presence or they may appear indifferent when peers try to interact. As autism gets less severe, the level of interest in peers usually increases. For these youngsters, the quality of social interactions mostly depends on the levels of avoidance and insight.

Level of avoidance: In the social development of adolescents who show some interest in peer interactions, social anxiety and resultant avoidance play an important role. Some youngsters get very nervous just with the thought of approaching others and may choose to avoid it at all costs. Their avoidance may appear as if they are not interested in others. It is important to differentiate this since anxiety can be treated much more easily than genuine lack of interest.

For adolescents with autism who show interest in peers and do not avoid contact, the quality of social interactions will depend on the level of insight.

Level of insight: Yet some adolescents with autism will not avoid interacting with others; younger, older or similar age. Rather, they are eager to communicate, though, often in a clumsy, in-your-face way. The level of their insight into their social disability will then become the determining factor of their social success. If they are unaware of their shortcomings in gauging the social atmosphere and reading social cues, they may inadvertently come across as rude, insulting or boring.

They may miss subtle criticism, sarcasm or tease. As they develop better insight, they

become more motivated to *learn* which had not come naturally and intuitively. They also have a better chance to work through a sense of loss, common to all disabilities.

4.2.1 Coping with the Loss of Normalcy

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

A higher level of interest in others

A higher level insight into difficulties in social interaction

A higher IQ

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

Anger

Denial

Depression

Acceptance

Adaptation

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

When the youngster is making statement about the problem, stay on the problem without changing the topic unless the youngster changes the topic. This would give confidence and trust to the youngster in regard to the parents that they would listen to him and he can trust them to be patient with his anxiety and concerns. This adds to the youngster's self esteem also.

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

Where the parents find the youngster not coming forth frankly with the problem or finds the youngster hesitating a great deal, every effort should be made to offer the

option of counseling, since sometimes it is easier to talk to a stranger. However, the parents should never push the idea directly even if they feel that their child clearly needs professional help.

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

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

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

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

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

4.2.2 Acknowledging Sexuality

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

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

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

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

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

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

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

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

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

Seeing parents level of comfort around the issue, the youngster will get the message that it is OK to have sexual feelings and it is OK to talk about them. Getting this message alone will bring the tension around sexuality a few notches down. If this approach is fair, parents should not feel shy about asking for help. Other parents with

adolescent children would be a good starting point. Another is the youngster's school may also be able to help. Finally, parents may inquire about professional help which should provide:

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

4.2.3 Change in the Point of Views

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

4.2.4 High-risk Behaviours

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

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

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

During adolescence, children develop the ability to:

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

Self Assessment Questions

1) Answer the following in True (T) or False (F):

- An early adolescent is the time when there is a transition from high school to the world of university. ()
- The teenage has to deal with all changes at the same time which is extremely challenging. ()

- iii) Adolescents yearn to develop a unique independent identity separate from their parents. ()
- iv) Adolescents are able to love others tenderly and have a capacity for sensual love. ()
- v) Early adolescents commonly experience with drugs, alcohol, smoking adventure sports, etc. ()

2) Fill in the blanks:

- i) Adolescence is a period when a person changes in _____, _____, _____ and _____ characters.
- ii) Sexuality of adolescents makes the parents feel _____.
- iii) _____ and personal dignity becomes important to adolescents.
- iv) Adolescents are a period that is full of _____.
- v) Adolescents in order to look good tend to starve and may develop _____.

4.3 LET US SUM UP

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

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

4.4 UNIT END QUESTIONS

- 1) What are the various Challenges of Adolescence?
- 2) How do youngsters cope with the Loss of Normalcy?
- 3) How to make youngsters acknowledge sexuality?
- 4) What are the various types of change in the youngster's point of view?
- 5) What are high risk behaviours? Give suitable examples and discuss the remedial measures and preventive measures.

4.5 ANSWERS TO THE SELF ASSESSMENT QUESTIONS

Self Assessment Questions

- 1) i) False
ii) True
iii) True
iv) True
v) False

- 2)
 - i) Biological; cognitive; psychological; and social
 - ii) Uncomfortable
 - iii) Self-esteem
 - iv) Challenges
 - v) Eating disorders