

DYNAMICS OF ADULT RESPONSES TO ADOLESCENCE

Because of the rapid physical growth and the striking physiological changes of puberty and the associated changes in personality and behavior, adolescence coerces attention. Adults recognize that the adolescent, verging as he does on the attainment of full physical and sexual maturity, must be reckoned with by society. He and his peers constitute the next available creative and productive resources of his cultural group. With his great energy, increasing freedom from parental supervision, and eagerness for and accessibility to new ideas and ideologies, he carries a tremendous constructive or destructive potential.

As was stated, adults seem to have repressed the feelings and conflicts of their own adolescent years and therefore find it difficult to draw upon them to identify with the adolescent and understand his dilemma sufficiently to be helpful to him. The adolescent, just by being and behaving, stirs up anxiety, consternation, and alarm in parents and adults generally. Attempts to solve disputes and conflicts by discussion and reason often fail, and the adult then either gives up in despair or reverts to the use of his waning authority. As a result, the adolescent and the adult tend to become alienated from each other, and the adolescent tends to feel that he is being managed and pushed around rather than respected as an individual with rights of his own.

The cultural institutions relating to adolescence can be viewed as the defensive response of adults to adolescents. One determinant of

these adult (societal) responses is the set of expectations, conscious or unconscious, regarding the role or roles the adolescent is to fulfill in society. It seems reasonable to assume that these expected roles generally are designed to fit in with and bolster the existing culture. Youngsters are expected to be patriotic and willing to fight for their country. They are expected to be religious, to attend church, and maybe to teach Sunday school. If they work, they should help support the household. If they go to school, they can at least baby-sit for younger siblings and do chores. Should they marry, they are expected to choose partners who will better the social and economic status of the family. Their career choice, too, should fit into family and cultural expectations.

On the one hand, adults are interested in maintaining the status quo because their identity and security lie in the known and existing culture; a major effort directed toward adolescents is aimed at preserving the existing mores and cultural institutions. On the other hand, individuals and cultures both may at times run counter to this generalization. Adults who are open-minded and farsighted will want their children to become mature and press for healthy and constructive cultural change. In cultures undergoing major transitions, such as our own, adults unfortunately may not agree on basic moral values and social principles. How late, for example, should a 15-year-old come home from a date? The answer is as variable as the individual family. The nature of adult expectations or, indeed, the confusion or absence of consistent expectations, is determined by such uncertainty.

The consistency or inconsistency of cultural attitudes has important bearing upon the emotional health of the young person. It has been suggested that children do not become neurotic because of culturally determined frustrations but because the culture is unclear or in conflict as to the value of the imposed frustrations. For example, it is easier to adapt to premarital sexual abstinence when the sacredness of marriage and the inevitability of divine punishment for sin are a real and meaningful part of the cultural beliefs. An attitude that lacks firmness, both in individual adults and in the culture, fails to provide a definitive model for either identification or rebellion. A further reduction in the clarity of role expectations derives from the loss of

ADULT RESPONSES TO ADOLESCENCE

clear differentiation of male and female roles in the family and in society.

Certain of the expectations thrust upon the future adults may be seen both as a projection of the adult's needs upon the adolescent and as the adult's defense against self-disruption. The adolescent becomes an extension of the adult, with the imposed burden of maintaining and fulfilling the wishes of the adult. The classic example is the parent who, lacking the opportunity or the talent to achieve some highly valued goal such as attaining a college education, then urges this goal upon his youngster. Such a parent urgently wants his own feelings of failure and inadequacy to be undone through the achievements of his children.

Adult reaction to adolescence also is determined by the presence of unresolved unconscious conflicts in the individual parent and family. Such conflicts may interfere with the parents' double-edged task of interpreting and presenting cultural values to the adolescent, while allowing him the freedom needed for the formation of individual identity. The overstrictness of some parents in trying to curb any sexual experience in their adolescent offspring can paradoxically be accompanied by seductive, sexually stimulating parental behavior which excites the very emotions the parent is at such pains to proscribe. Unconscious parental wishes are expressing one attitude while their conscious directives are saying the exact opposite.

For example, a father may share the bathroom with his teenage daughter in the morning when they both are clad only in undergarments; and he may forbid his daughter to join her friends at a party that evening because he has heard that they tell dirty jokes in mixed company. The girl receives a contradictory and confusing message which is further confused because she knows that most fathers don't share the bathroom with their teenage daughters, and also that other fathers are not so strict and forbidding or seemingly sure that boys and girls are out to do "bad" things. Thus the personal conflicts and defenses of the parents may make them poor conveyors of the culturally prescribed attitudes.

The adult expectations of adolescents, then, may reflect unresolved problems in the adult. Besides attempting to shift responsibility upon

ADULT RESPONSES TO ADOLESCENCE

the adolescent, demanding that he accomplish something or uphold values that the adult himself has evaded, some adults may unconsciously "parentify" the adolescent out of a wish to reverse the existing order and be dependent upon and learn from him. Other adults may unconsciously perceive the child as a kind of extension of themselves, thus entirely obscuring the adolescent's strivings for identity.

The adolescent not only runs afoul of unresolved parental conflicts but often is uniquely provocative and effective in arousing such conflicts out of repression and into activity. This is a major factor in the widespread intolerance so many adults feel regarding adolescents. The aggressive and sexual behavior of the adolescent may stir up a variety of feelings in the adult. Middle-class parents coming home at night and finding their teenage son in an erotic tangle with the neighbor's daughter may respond by "not seeing" what is going on, by laughing over it, by delivering a lecture, or in certain "emancipated" settings by giving their approval.

The adolescent questioning of adult values and the refusal to accept the society's institutions on faith also create unpleasant feelings of doubt and anxiety in the adult, as well as a renewed awareness of their shortcomings and failures. Unsatisfying or inappropriate resolutions of sexual identity or of occupational and ideological choice are insecure at best. Some of the outmoded, ineffectual, or even harmful approaches to life upon which adults have based their lives may be mercilessly exposed by adolescent skepticism. For example, parents may have painfully evolved a precarious but workable balance among the strict religious attitudes of their own parents, the less conservative religious activities of their current social group, and their own personal doubts and convictions about religious issues; but this balance can be upset by the teenager's blunt challenges and "logical" criticisms of what the parents profess. The painful exposure and self-reappraisal caused by the "show me," "prove it" attitude of the adolescent and his behaving in ways that adults may envy but no longer allow themselves are difficult to experience with equanimity.

Another source of adult discomfort in their relationship with adolescents is the fact that the vigorous, healthy, attractive youngster can be an object of sexual interest to the parent, partly consciously and

ADULT RESPONSES TO ADOLESCENCE

partly unconsciously. Parent-child attractions are not one-way responses, and their revival in adolescence can be quite strongly evocative of reciprocal parental desire. Such desire is as taboo for the parent as for the youngster, and normally is warded off. Adult intolerance and avoidance of adolescents often serve much the same defensive purposes as does the adolescent repudiation of the parents.

In this general context, it is important to note that parenthood may appropriately be considered a stage in human development. The defensive behavior of parents toward their children is determined by several factors: (1) the continued and dynamically significant existence in the parent (at conscious or unconscious levels or both) of unresolved conflicts from their own childhood experiences; (2) the omnipresent wish for solution of these conflicts in order to gain relief from tension; (3) the opportunity for attempt at solution by reliving one's own childhood vicariously through identification with the child.

Cultural institutions are the standardized and generally agreed upon means of both expressing and inhibiting instinctual drives. Cultural mores may be regarded as mass defensive-adaptive maneuvers aimed at achieving a workable compromise between universal biological drives and locally shared standards and values. Adolescents are gadflies on the body of culture, and in this role they have a therapeutic effect on adults, stimulating them to change; age inevitably yields to youth. It is at the boundary between adolescence and adulthood that cultural change and movement so often take place.

CONCLUSION

The normal adolescent has many tasks to achieve in progressing from childhood to adulthood. He simultaneously reappraises himself and his parents, but with less idealization and distortion and more reality testing than in earlier childhood. He sees his parents and himself as human beings with strengths and weaknesses. He makes new value judgments concerning those components of his identity which have been derived largely from his parents and which are internalized in his ego, his conscience, and his ideals. Hopefully, he retains the healthy identifications and discards the inappropriate or unrealistic ones, thereby attaining both an internal harmony and a workable relationship with society.

He comes to terms with the changes taking place in his body, experimenting with and mastering his new sexual and aggressive capacities. Simultaneously, he finds ways of controlling and harnessing the increased energy of his drives. He begins to reintegrate himself, establishing a new identity which includes modifications in his body image, a concept of himself as an emerging adult with the capacity for procreation, and a value system that he accepts as his own rather than as something imposed upon him by his parents. He looks to the future, making decisions about his education and occupation, recognizing these as prerequisites to his other major goal: the choosing of a marriage partner and having a family of his own.

As these various tasks are gradually accomplished, the adolescent relinquishes his attachment to the peer group and begins to form a new, more mature relationship with adults, including his parents,

CONCLUSION

which is characterized by respect and true "give and take," but also by the maintenance of his integrity, autonomy, and a realistic amount of independence. When he marries he ultimately is capable of loving his children and his mate, the latter both tenderly and sexually. In this new family he will seek fulfillment of normal dependency needs and, as a parent, will once again tend to relive and rework the conflicts of his own childhood and adolescence.

Several points of particular emphasis may be distilled from this book:

1. The reasonably stable equilibrium that marks the psychological offset of adolescence is one of dynamic tension, not stasis. It is likely to be breached by any of a variety of crises in the future: the normal physiological crises such as pregnancy, menopause, and senility; the normal human crises such as marriage, having children, illness, and death; and the crises of fate such as fire, flood, or loss of job.

2. The specific form and manifestations of adolescence are the result of the continuous interaction of biological, cultural, and psychological forces. The surge of puberty imparts particular urgency to the interplay of these forces. In our culture this is a time of crisis, often of great crisis. In other cultures puberty may cause little disturbance in the current of life.

3. A surprising number of cultural customs and institutions may be understood as resulting from the reactions of adults to adolescents. They evolve in response to the challenge which adolescents present to the adult society with its existing cultural values and mores.

4. The conflict between the generations can be an enriching experience to a society, and it often is the nodal point for cultural change. Change may occur on either side of the interface between the generations; adolescents, especially late adolescents, introduce much that is new; and adults can respond with new attitudes and solutions. Commonly, however, there is a derogation of adolescents—an understandable defensive reaction on the part of the adults who feel that they are being displaced.

We return inevitably to a contemplation of the nature of the culture within which this exciting and distinctively human phase of development occurs. Despite the universality of puberty the response which

CONCLUSION

it compels in our middle-class culture is unique, and would be unintelligible in any other culture.

In this book we have attempted to delineate adolescence, not to judge it. It is a fact, however, that adolescents are constantly being judged by our culture. Adolescence is a difficult time for both youngsters and society, and it is only appropriate that any evaluative questions be directed both ways. In a rapidly moving and complex culture such as ours parental models may at times be inapplicable or inadequate. Parents may often be misguided in the styles of personality they wish to impose upon their children, and the adolescent often must improvise his identity as he goes along.

Through what customs and institutions can society best compensate for the shortcomings of individual parents? How useful are the stereotyped styles of adolescent rebellion to the individual seeking an identity? How does resisting authority train one to bear it? How can the fear of excessive dependency and loss of identity be reconciled with the wish to be loved and to belong? To what degree is one a potential beneficiary of society, and to what degree is society one's enemy? How far can one go in changing himself, and to what extent can one change society?

Our perspective brings home to us the possibility not only of disturbances in adolescent development but also of consistent pathogenic social norms in our culture. Our culture is only one of many cultures, a blindly made human creation out of the past, a phenomenon we might be better able to control if we understood it and to revise if we knew what was needed. To a degree, every society manufactures its own problems and, in ours, an example may be the "problem" of adolescence. Preventive psychiatry looks beyond a knowledge of causes to effecting a change in epidemiological conditions. Therapy of cultural institutions would appear to be as much of a possibility and a need as is the therapy of individuals.

Free communication between adolescent and adult is difficult, so much so that many professional observers doubt that the differences between the generations in a rapidly moving society can be bridged. They feel that perhaps the most that can be hoped for is mutual tolerance, sincere negotiation, and relatively peaceful coexistence. We

CONCLUSION

who formulated this report accept the difficulty, even the improbability, of achieving truly empathic relationships between successive generations. Nevertheless, we hope that this comprehensive presentation of the dynamic interaction of biological, psychological, and cultural forces in the adolescent stage of development will help provide understanding and perspective, promote mutual tolerance, and facilitate more realistic and constructive relationships between adolescents and adults.

It is beyond the scope of this book to present a complete discussion of pubertal anatomy and physiology, but some of the details and statistics of development are included here.

Endocrinology of Adolescence

There is general agreement among endocrinologists that the events of the adolescent growth spurt take place under hormonal control. Normal maturation depends upon the orderly development and functioning of the hypothalamic-pituitary-gonadal-adrenal mechanism. The time of puberty is one of great transition in which the activities of the hypothalamic-pituitary mechanism change from those governing somatic growth and development alone to those regulating also the secretion of sex hormones. There occurs a complex series of changes in glandular secretion rates and possibly in the responsiveness of various tissues to the hormones.

The timing of adolescent sexual development appears to depend primarily on the maturation of certain centers in the central nervous system. It is thought that this removes some nerve cell inhibition and the anterior pituitary is stimulated, possibly through the formation of a "gonadotrophin-releasing factor" in the hypothalamus. Puberty is initiated by pituitary gonadotropic activity, as is indicated by the ap-

¹ This statement relies heavily on the publications of Tanner, Wilkins, Talbot, *et al.*, and Heald, *et al.* For further information the reader is referred to their work and the work of others given in the Bibliography.

pearance of urinary gonadotropins, with the production of follicle-stimulating hormone (in both sexes) and luteinizing hormone (female) or interstitial-cell-stimulation hormone (male).

Urinary gonadotropins are not usually demonstrable in the male before the age of 13 years when their appearance is coincident with growth of testes and scrotum. Follicle-stimulating hormone is responsible for the development of the seminiferous tubules and for spermatogenesis. Interstitial-cell-stimulating hormone causes differentiation of the interstitial tissue into Leydig cells which secrete androgens, the principal one being testosterone. It is necessary for the testes to be in the scrotum for spermatogenesis to occur. In cryptorchidism the testes remain within the abdominal cavity and the spermatic cells in the tubules do not mature, although androgen is produced and virilization takes place. The incidence of undescended testes is about 10 per cent at birth, with spontaneous descent reducing this figure to 3 per cent at 1 year of age and 0.3 per cent at puberty.

In the female, gonadotropins are first detected at the age of 11 years. Under the influence of follicle-stimulating hormone Graafian follicles in the ovaries begin to mature and to secrete estrogen. Luteinizing hormone is necessary to produce rupture of the follicle and discharge of the mature ovum. The corpus luteum forms rapidly and under the further influence of luteinizing hormone secretes progesterone. Progesterone causes the secretory changes in the endometrium of the uterus and lobular-acinar changes in the breasts during the luteal phase of the menstrual cycle. With fluctuating and increasing release of gonadotropins from the pituitary, the ovarian endocrine activity increases in cyclic fashion until menarche occurs at age 12 or 13. During early adolescence menstrual periods frequently occur in response to hormonal fluctuation without ovulation taking place. During the preadolescent years in both sexes estrogen and androgen are formed in small amounts by the adrenal glands. Estrogen is found in very low quantities in the urine of both boys and girls from 3 to 8 years of age. In both sexes there is a slow rise until age 11, which in the male continues through maturation. In the female, with production of estrogen by the ovary, there is a pronounced rise which increases until about three years after menarche.

Estrogen stimulates early puberty fat deposition in both sexes. In girls this continues in characteristic distribution such as on breasts, hips, and legs. In the male, estrogen may cause transient mammary tissue development. In the female, estrogen is responsible for the growth and development of the nipple and duct structures of the breasts and of the labia minora, vulva, vagina, uterus, and fallopian tubes. The vaginal epithelium changes to stratified squamous type, and preparations of vaginal smears can be examined in order to reveal the presence and extent of estrogen activity.

Adrenal androgens, detected by the urinary excretion of neutral 17-ketosteroids, are formed in small and gradually increasing amount in both sexes from birth to 9 years. At 9 years, there is a more rapid increase in urinary 17-ketosteroids which is similar in males and females until about 15 years of age. With the onset of testicular function, there is an additional increase in 17-ketosteroids which eventually makes the excretion in males 20 per cent to 50 per cent greater than in females. This rise slowly continues after adolescence until a maximum is attained in the young adult.

The sex hormones, probably acting synergistically with growth hormones, are responsible for the adolescent growth spurt, with the greater increase in boys being due to the production of testosterone by the testes. The average annual linear growth in both sexes changes from two inches to three inches at age 10 to 11 in girls and age 14 to 15 in boys. During the growth spurt the epiphyseal centers in bones enlarge and epiphyseal lines gradually narrow until fusion occurs and growth stops.

In boys, the shoulders and thoracic cage broaden. In girls, there is the characteristic broadening of the pelvis. In boys, there is a rapid increase in weight with a heavy increase in musculature.

In both sexes, androgens are responsible for the appearance and sequential changes of pubic and axillary hair and for the development of sweat and sebaceous glands. In males, androgens cause increase in the vascularity, circumference, and length of the penis and growth and pigmentation of scrotal skin, which is wrinkled by the development and action of the dartos muscle. Androgens cause growth of the prostate gland and seminal vesicles and also the development of facial

hair and larynx with deepening of the voice. In the female, androgens are responsible for the development of the labia majora and clitoris, the analogs of the scrotum and penis.

Sequence of Pubertal Phenomena

In girls the onset of the phenomena of puberty takes the following order: initial enlargement of the breasts; appearance of straight, pigmented pubic hair; maximum physical growth; appearance of kinky pubic hair; menstruation; growth of axillary hair. It is noteworthy that menstruation occurs after full growth has been attained, almost invariably after the apex of the growth in height. Full reproductive function follows the onset of menstruation by one or more years, and maximal fertility occurs in the early 20s.

In boys the corresponding order of pubescent phenomena is: beginning growth of the testes; straight, pigmented pubic hair; beginning enlargement of the penis; early voice changes; first ejaculation; kinky pubic hair; age of maximum growth; axillary hair; marked voice changes; and development of the beard. Rapid growth in height and in size of the penis normally occurs about a year after testicular development.

GENITAL DEVELOPMENT IN MALES

Stage 1. (Prepubertal.) Testes, scrotum, and penis are about the same size and proportion as in early childhood.

Stage 2. (Pubertal.) Enlargement of scrotum and testes. The skin of the scrotum reddens and changes in texture. Little or no enlargement of the penis at this stage.

Stage 3. Enlargement of the penis, mainly in length. Further growth of testes and scrotum.

Stage 4. Increased size of penis with growth in diameter and development of glans. Further enlargement of testes and scrotum; increased darkening of scrotal skin.

Stage 5. Genitalia adult in size and shape.

SECONDARY SEX CHARACTERISTICS

The average age span for these changes is 12 to 16 years; the normal age limits within which the changes may occur is 10 to 18 years.

Development of Secondary Sex Characteristics

BREAST CHANGES

Stage 1. (Prepubertal.) Elevation of papilla only.

Stage 2. (Pubertal.) Breast bud stage; elevation of breast and papilla as a small mound. Enlargement of areolar diameter.

Stage 3. Further enlargement of breast and areola, with no separation of their contours.

Stage 4. Projection of areola and papilla to form a secondary mound above the level of the breast.

Stage 5. Mature stage; projection of papilla only, due to recession of the areola to the general contour of the breast.

The average age span of these changes is 11 to 13½ years; the normal age limits for appearance of the breast bud stage is 8 to 13 years. The development of glandular alveoli for lactation awaits the occurrence of pregnancy.

(The male breast areola usually doubles its diameter; in about one third of boys there is some mammary development and areolar projection.)

CHANGE OF VOICE

Voice changes in males are due to enlargement of the larynx, which usually takes place concurrently with growth of the penis; the voice begins to deepen perceptibly as the development of the penis nears completion. Voice deepening is often so gradual, however, that it is of little value for precise evaluation of pubertal development.

PUBIC HAIR

Stage 1. (Preadolescent.) No differentiation between hair over the pubes and over the abdominal wall.

845

APPENDIX

Stage 2. Sparse growth of long, slightly pigmented downy hair, straight or only slightly curled, chiefly at the base of the penis or along the labia.

Stage 3. Considerably darker, coarser, and more curled hair, spread sparsely over the junction of the pubes.

Stage 4. Adult in type, but considerably smaller in area than adult. No spread to the inner surface of the thighs.

Stage 5. Adult in quantity and type with distribution of the horizontal pattern. Spread to inner surface of thighs, but not up the linea alba or elsewhere above the base of the inverse triangle.

Stage 6. Further spread of pubic hair in about 80 per cent of men and 10 per cent of women, but this stage often is not completed until the mid-20s or later.

The normal age limits for the occurrence of Stage 2 in girls is 8 to 14; the average age span for Stages 2 through 5 is 11 to 14 years. In boys, Stage 2 normally occurs within the age limits of 10 to 15 years; the average age span for Stages 2 through 5 is 12 to 16 years.

AXILLARY AND FACIAL HAIR

Axillary hair usually follows the appearance of pubic hair by about two years. The facial hair of boys grows simultaneously with the axillary hair. Typically, the first growth and pigmentation occur at the corners of the upper lip and then spread across the upper lip, to the upper part of the cheeks and in the midline below the lower lip, to the sides and lower border of the chin, and finally to the neck.

SWEAT AND SEBACEOUS GLANDS

In both boys and girls enlargement of the apocrine sweat glands, with the typical odor of perspiration, begins at about the time axillary hair starts to grow. At the same time the sebaceous glands enlarge and become more active. Because the secretory ducts of these glands do not enlarge proportionately to deal with the increased secretion, they often become plugged and are easily infected. The resulting condition is acne, a common and quite normal affliction characteristic of the adolescent stage.

846

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847

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848

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INDEX

INDEX

A

- Accidents among adolescents, 761
- Acne, 760, 845
- Action, impulsive behavior and, 811-812
- Adult prerogatives, attainment of, 827
- Adulthood
 - criteria of, 764-765
 - discontinuity of role from childhood to, 780-781
 - functional, 764-765
 - in Western culture, 768, 769-770
 - status of, 765
 - among Mentawai, 766
 - among Nayar, 766
 - in Negro Africa, 773
 - among Polynesians, 767
 - in Western culture, 768-769, 770
- Adults
 - adolescents' relationships with, 803-804
 - attitudes toward adolescents by, 831-835
- Africa, adult status in, 773
- Aggressive drives, 761-762, 771-772
- dancing and, 805-806
- during early adolescence, 801, 814-815
- during latency stage, 790
- middle-class morality and, 779

Alienation, 818

- American Indians, *see* Indians
- American middle class, 774-780
- Anal intercourse, 813

Anxiety

- in adolescents, 760-761, 811
- castration, 788, 807, 808
- Appalachian personality, 774
- Appetite, preadolescent increase of, 794
- Asceticism, 761
- Automobile, importance of, 828-829
- Axillary hair, 845

B

- Bar mitzvah ceremony, 772, 773
- Berdache ("not-man"), among Plains Indians, 771-772
- Biology of adolescence, *see* Puberty
- Bisexuality in puberty, 760
- Body image, development of, 810-811, 815
- Borneo
 - head-hunting in, 772
 - "sleep-crawling" in, 767-768
- Boys
 - development of body image in, 810-811
 - first phase of adolescence in, 795-796

853

D

- growth rate of, 757-758
- latency stage in, 790-791
- masturbation in, 761, 791-792, 793, 806-809, 813
- oedipal phase in, 788, 789
- preadolescence in, 793, 794
- puberty in, 801
 - sequence of, 843
- relationship with girls, 813-814
- symbolism of automobile to, 829
- Breast changes, 844

C

- Car, importance of, 828-829
- Castration anxiety, 788, 807, 808
- Childhood
 - discontinuity of role from, 780-784
 - experience of, 787-791
- Christian culture, aggressive drives in, 771
- Cicisbei*, 766, 767
- Colitis during adolescence, 773, 821-824
- College age, adolescents at, 817
- Conformity, individuality versus, 777
- "Crushes" on adults, 803
- Cryptorchidism, 841
- Cultural facilitation, inhibition and, 771-774
- Cultural factors, 763-785, 831-832, 835
- American middle-class, 774-780
- criteria for adulthood, 764-765
- cultural facilitation and inhibition, 771-774
- discontinuity of role from childhood to adulthood, 780-784
- environment, 765-768
- Western culture as, 768-770
- rapid social change, 784-785
- universal tasks, 770-771

854

E

- Education, demand for more, 782-783
- Ego, 786
 - in early adolescence, 800-801
 - at offset of adolescence, 798
 - power shift from id to, 796-797
- Ejaculation, 800, 807, 809
- Endocrinology, *see* Hormone activity
- Environment, 765-768
- Western culture as, 768-770
- Ethics, decreasing adherence to Judeo-Christian, 781
- Existential philosophy, 784

F

- Facial hair, 845
- Facilitation, *see* Cultural facilitation
- Family of procreation, definition of, 765
- Family of origin, definition of, 765
- Fellatio, 813
- Functional adulthood, 764-765
- in Western culture, 768, 769-770

G

- Genitalia
 - development of male, 843
 - See also* Penis; Testes
- Germany, Hitler "ideal" in, 825
- Girls
 - breast changes in, 844
 - development of body image in, 810-811
 - growth rate of, 757-758
 - latency stage in, 790-791
 - masturbation in, 761, 806-809, 813
 - menstruation in
 - discussion of, 791, 792
 - onset of, 759, 795, 800, 809-810, 841
 - oedipal phase in, 788, 789
 - preadolescence in, 793-794
 - relationships with boys, 813-814
 - sequence of pubertal phenomena in, 843
 - symbolism of automobile to, 829
- Grading systems, emphasis of, 782
- Grooming, adolescent's interest in, 760
- Growth spurt, pubertal, 757-758

I

- Id, 786
 - domination by ego and superego of, 798-799
 - power shift to ego from, 796-797
- Idealism in late adolescence, 824-826
- Identity, 783-784
 - adult prerogatives and, 828
 - idealism and, 824-826
 - occupational choice and, 826-827
- Impulsive behavior, 761, 811-812
- Incest taboo, 770, 800
- Independence, move toward, 801-804
- Indians (American)
 - aggressive drives among Plains, 771-772
 - role training among Papago, 781
- Individually versus conformity, 777
- Indonesia
 - adult-status "maturity" among Men-tawai of, 766
 - head hunting in, 771
- Inhibition, cultural facilitation and, 771-774
- Intellectualization as adolescent defense, 761-762

H

J

- Hair
 - axillary and facial, 845
 - pubic, 844-845
- Head hunting, 771, 772
- Hiatus status of adolescents, 776
- High school age, adolescents at, 817
- Hitler "ideal," 825
- Homosexual behavior during early adolescence, 813
- Hormonal activity
 - preadolescent, 794
 - in puberty, 756-757, 760, 840-843
- Human nature, learning of, 755

K

- Kahoi*, 767
- Kinship family, definition of, 765
- Klinefelter's syndrome, 758n

L

- Latency stage, 789-791, 802
- Love, adolescent
 - coitus and, 821-824
 - idealism and 825

M

- Malabar, status of social fatherhood among Nayar of, 766, 767
- Masturbation, 761, 791-792, 793, 806-809, 813
- Melanesia
 - "sleep-crawling" among Dobuans of, 767
 - head hunting in, 771
- Mentawai (Indonesia), adult-status "maturity" among, 766
- Menstruation
 - discussion of, 791, 792
 - onset of, 759, 795, 800, 809-810, 841
- Middle class, American, 774-780
- Morality, middle-class, 778-780
- Mourning about withdrawal from parents, 802-803

N

- Nambutiri Brahmans (Malabar), 767
- National temperament, 765
- Nayar (Malabar), status of social fatherhood among, 766, 767
- Negro Africa, adult status in, 773
- Negro ghettos, individual "success" in, 774
- New Guinea, head hunting in, 772
- Nonconformist, society's reaction toward, 819
- Nuclear family
 - definition of, 765

O

- Obesity in adolescents, 760
- Occupational choice, identity and, 826-827

Oceania

- emphasis on status in, 767
- status displacement of father by maternal uncle in, 766
- See also* Melanesia
- Oedipal phase, 788-789
- Oral-genital contact (fellatio), 813
- Ordeals, puberty, 772
- Orgasm
 - adolescent experiments with, 808-809
 - capacity for, 800

P

- Papago Indians, role training among, 781
- Parents
 - late adolescence and, 820, 828
 - move toward independence from, 801-804, 815
 - responses to adolescents by, 833-835
 - sexual feelings toward, 800-801
- Peer groups
 - adolescent, 775, 804-806, 815
 - preadolescent, 792-793
- Penis
 - automobile as symbol of, 829
 - child's curiosity about, 787-788
 - size of, 759, 807
- Physical activity, increase in preadolescence of, 794
- Plains Indians, aggressive drives among, 771-772
- Play, sense of, 813-819
- Polynesians, sexual and status maturity among, 767

INDEX

Preadolescence, 791-794
 Premarital sex, 773, 821-824
 "Professional" adolescents, 776
 Promiscuity, 761
 Protracted adolescence, 799
 Psychological aspects of puberty, 760-762
 Psychology of adolescence, 786-830
 beginning and ending of adolescence, 795-799
 early adolescence, 799-826
 late adolescence, 816-830
 preadolescence and, 791-794
 role of childhood experience in, 787-791
 Puberty, 795, 799, 837-838
 changes of, 756-758
 endocrinology of, 756-757, 760, 840-843
 impact of, 800-801
 psychological and social aspects of, 760-762
 responses of adolescents to, 758-760
 sequence of phenomena in, 843-845
 Puberty ordeal, 772
 Pubic hair, 844-845

R

Reality, feeling in late adolescence toward, 818-819
Rites de passage, for adolescents, 773-774
 Roles, discontinuity from childhood to adulthood of, 780-784

S

Samoa, freedom from stress in, 772, 773
 Sebaceous glands, 845
 Self image, development of, 810-811, 815

Sex characteristics

 primary, 759
 secondary, 759-760, 800, 844-845
 Sexual-functioning maturity, among
 Polynesians, 767
 Sexual drives, 761-762
 dancing and, 805-806
 during early adolescence, 800-801, 813-815
 during latency stage, 790
 middle-class morality and, 778-780
 during preadolescence, 791-793
 in Samoa, 772
 Sexual identity, 784, 789
 Sexual intercourse during adolescence, 773, 821-824
 "Sleep-crawling," 767-768
 Social aspects of puberty, 760-762
 Social change, problem of rapid, 784-785

Society

 definition of, 763
 differences between child and adult and, 765-766
 late adolescence and, 816-819
 Southern rural whites, 774
 Status adulthood, 765
 among Mentawai, 766
 among Nayar, 766
 in Negro Africa, 773
 among Polynesians, 767
 in Western culture, 768-769, 770
 Stealing, 761
 Superego, 786, 800
 at onset of adolescence, 798
 Sweat glands, 845

T

Taboos, incest, 770, 800
 Tasks, universal adolescent, 770-771
 Technology, demands of increasing, 782-783
 Teenager, as term, 775
 Telephoning, among adolescents, 805

Testes, incidence of undescended, 841
 Thought, capacity for, 812-813
 "Togetherness," 783
 Tomboys, 793, 795
 Turner's syndrome, 758n

W

Wa states, head hunting in, 772
 Wellington, Duke of, 811
 Western culture
 as environment, 768-770
 Puritan heritage of, 821
 Uterine brotherhood, definition of, 765

U

V

Virginity, 772-773, 778

Y

Y-chromosome, maturation and, 758n.

INDEX

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