

Adolescence



PSYCHOLOGY JOURNAL

According to psychologist Erik Erikson, building an identity is unique to adolescence. Write in your journal two paragraphs that support Erikson's point of view, citing one of his stages and using an example. ■

PSYCHOLOGY *Online*



Chapter Overview

Visit the *Understanding Psychology* Web site at glencoe.com and click on **Chapter 4—Chapter Overviews** to preview the chapter.

Physical and Sexual Development

Reader's Guide

■ Main Idea

All adolescents experience dramatic changes in their physical size, shape, and capacities, as well as biological development related to reproduction.

■ Vocabulary

- initiation rites
- puberty
- menarche
- spermarche
- asynchrony

■ Objectives

- Describe the physical changes that characterize adolescence.
- Describe research related to the sexual attitudes and roles of adolescents.

EXPLORING PSYCHOLOGY

The Nature of Adolescence

Of all the periods in human life in which the instinctual processes are beyond question of paramount importance, that of puberty has always attracted most attention. Adolescents are excessively egotistic, regarding themselves as the center of the universe and the sole object of interest, and yet at no time in later life are they capable of so much self-sacrifice and devotion. . . . On the one hand they throw themselves enthusiastically into the life of the community and, on the other, they have an overpowering longing for solitude. They oscillate between blind submission to some self-chosen leader and defiant rebellion against any and every authority.

—from *The Ego and the Mechanisms of Defense*
by Anna Freud, 1946

As Anna Freud described above, adolescent development is complicated. Adolescence is the transition period between childhood and adulthood, and while we all have an idea about what adolescence is, defining it precisely is difficult. Some define it in psychological terms: a time period of mixed abilities and responsibilities in which childlike behavior changes to adultlike behavior. In some societies, adolescence is not recognized as a separate stage of life; individuals move directly from childhood to adulthood.

In our own society, however, adolescence is looked upon as a time of preparation for adult responsibilities (Hall, 1904). There are many

initiation rites: ceremonies or rituals in which an individual is admitted to new status or accepted into a new position

initiation rites, or rites of passage, that mark admission into adulthood. These rites include informal celebrations such as birthdays—at 16 or 18 or 21—as well as more formal events such as bar mitzvahs and bat mitzvahs, graduation from high school or college, and even weddings. Many of the new burdens of adulthood are assumed just when young people are undergoing complex physical and emotional changes that affect them both personally and socially. The end of adolescence and the beginning of adulthood is often blurry because it varies for each person.

Because so much is happening in these years, psychologists have focused a great deal of attention on the period of adolescence. We will concentrate on some of the major changes adolescents encounter.

THEORIES OF ADOLESCENCE

The contradictory views of society at large are reflected not just in the behavior of adolescents but in the theories of psychologists. Controversy concerning the nature of adolescent experience has raged since 1904, when G. Stanley Hall presented his pioneering theory of adolescence. Hall saw the adolescent as representing a transitional stage. Being an adolescent for Hall, figuratively speaking, was something like being a fully grown animal in a cage, an animal that sees freedom but does not know quite when freedom will occur or how to handle it. Thus, the adolescent was portrayed as existing in a state of great “storm and stress,” as a marginal being, confused, troubled, and highly frustrated.

Through the years many psychologists and social scientists have supported Hall’s theories, but there have been others who disagreed, mildly (Arnett, 1999) or more strongly. The latter theorists regard adolescence as a period of growth that is in no way discontinuous with the period of childhood that precedes and the period of young adulthood that follows.

One major proponent of this latter theory was Margaret Mead (1901–1978). In a series of classic anthropological studies in the late 1920s and early 1930s, Mead (1935) found that in some cultures, adolescence is a highly enjoyable time of life and not at all marked by storm and stress. She proposed that adolescent storm and stress was a by-product of an industrialized society. Mead proposed that culture might play a role in development.

Other studies conducted since then have tended to support Mead. They point to a relative lack of conflict in the lives of adolescents and a continuous development out of childhood that is based on individual reactions to their culture. In 1988 a report indicated that



Adolescents are stuck somewhere between childhood and adulthood. Most adolescents remain closely tied to their parents but spend more and more time with their peers. **Why has adolescence been characterized as a time of “storm and stress”?**

adolescence may be a difficult time period, but only 11 percent of adolescents encounter serious difficulties. About 32 percent have sporadic problems, while 57 percent enjoy basically positive, healthy development during the teenage years (Peterson, 1988).

Although adolescence may not be as crisis-ridden as some psychologists think, few would deny that there is at least some stress during that period. Great physical, mental, and emotional changes occur during adolescence. As psychologist Robert Havighurst (1972) pointed out, every adolescent faces challenges in the form of developmental tasks that must be mastered. Among the tasks that Havighurst lists are the following:

1. Accepting one's physical makeup and acquiring a masculine or feminine gender role
2. Developing appropriate relations with age-mates of both sexes
3. Becoming emotionally independent of parents and other adults
4. Achieving the assurance that one will become economically independent
5. Deciding on, preparing for, and entering a vocation
6. Developing the cognitive skills and concepts necessary for social competence
7. Understanding and achieving socially responsible behavior
8. Preparing for marriage and family
9. Acquiring values that are harmonious and appropriate

Although the tasks present challenges, adolescents generally handle them well. Most face some stress but find ways to cope with it. There are, of course, exceptions. A small percentage of young people experience storm and stress throughout their adolescent years. Another small group confronts the changes all adolescents experience with no stress at all. Perhaps the only safe generalization is that development through adolescence is a highly individualized and varied matter.

The pattern of development a particular adolescent displays depends upon a great many factors. The most important of these include the individual's adjustment in childhood, the level of adjustment of his or her parents and peers, and the changes that occur during adolescence. This time period is marked by major physical, social, emotional, and intellectual changes. It is to these changes that we now turn.

PHYSICAL DEVELOPMENT

Sexual maturation, or **puberty**, is the biological event that marks the end of childhood. Hormones trigger a series of internal and external changes. These hormones produce different growth patterns in boys and girls. Some girls start to mature physically as early as 8, while boys may start to mature at age 9 or 10. On average, girls begin puberty between ages 8 and 10. The age for boys entering puberty is typically between 9 and 16. Just before puberty, boys and girls experience a growth spurt.



Reading Check

How do Hall's and Mead's theories of adolescence differ?

puberty: sexual maturation; the end of childhood and the point when reproduction is first possible

The growth spurt is a rapid increase in weight and height (see Figure 4.2). It reaches its peak at age 12 for girls and just after age 14 for most boys. The growth spurt generally lasts two years. Soon after the growth spurt, individuals reach sexual maturity. At about the age of 10, girls rather suddenly begin to grow. Before this growth spurt, fat tissue develops, making the girl appear chubby. The development of fat tissue is also characteristic of boys before their growth spurt. Whereas boys quickly lose it, progressing into a lean and lanky phase, girls retain most of this fat tissue and even add to it as they begin to spurt.

Once their growth spurt begins, females can grow as much as 2 to 3.5 inches a year. During this period, a girl's breasts and hips begin to fill out, and she develops pubic hair. Between 10 and 17 she has her first menstrual period, or **menarche**. Another 12 to 18 months will pass before her periods become regular and she is capable of conceiving a child, although pregnancies do sometimes occur almost immediately following menarche. Most societies consider menarche the beginning of womanhood.

At about 12, boys begin to develop pubic hair and larger genitals. Normally, between 12 and 13 they achieve their first ejaculation, or **spermarche**. Though their growth spurt begins 24 to 27 months later than that of girls, it lasts about 3 years longer. Once their growth spurt begins, boys grow rapidly and fill out, developing the broad shoulders and thicker trunk of an adult man. They also acquire more muscle tissue than girls and develop a larger heart and lungs. Their voices gradually deepen, and hair begins to grow on their faces and later on their chests.

The rate and pattern of sexual maturation varies so widely that it is difficult to apply norms or standards to puberty. In general, however, girls begin to develop earlier than boys and for a year or two may tower over male age-mates.

This period of adolescent growth can be an awkward one for both boys and girls because of **asynchrony**—the condition of uneven growth or maturation of bodily parts. For example, the hands or feet may be too large or small for the rest of the body. As the adolescent grows older, however, the bodily parts assume their correct proportions.

Reactions to Growth

In general, young people today are better informed than they were two or three generations ago. Most do not find the signs of their sexual maturation upsetting. Nevertheless, the rather sudden bodily changes that occur during puberty make all adolescents somewhat self-conscious. This is particularly true if they are early or late to develop.

menarche: the first menstrual period

spermarche: period during which males achieve first ejaculation

asynchrony: the condition during adolescence in which the growth or maturation of bodily parts is uneven

Figure 4.2 Average Annual Gains in Height

Hormones controlled by the endocrine system can cause dramatic growth spurts; a boy may experience a yearly increase of 4–6 inches (10–15 cm), while a girl may increase 3–5 inches (8–13 cm) in height. **When does the growth spurt occur in girls? In boys?**

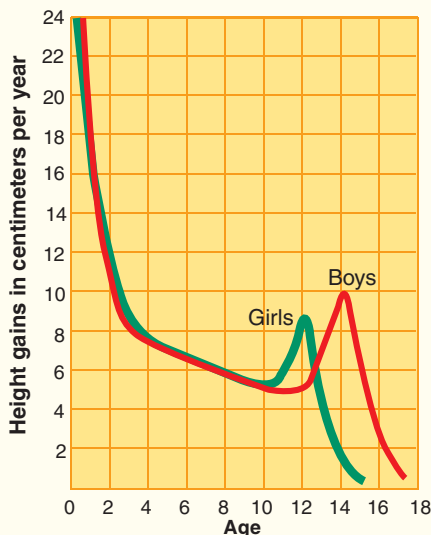


Figure 4.3

Rates of Physical Development

Rapid physical changes occur during adolescence. Normally the changes that occur in adulthood are gradual. *Why do you think there are psychological reactions to physical growth?*



Adolescents usually want to be accepted by their peers. They conform to ideals of how a male or female their age should act, dress, and look. For both young men and women, there is a strong correlation between having a negative body image and feelings of depression (Rierden, Koff, & Stubbs, 1988). Adolescents are very aware of these rapid physical changes. They are very concerned that they measure up to idealized standards. As you can imagine, very few ever meet these expectations. Most adolescents mention physical appearance when they discuss what they do not like about themselves. Most tend to evaluate themselves in terms of their culture's body ideal. Youths of both sexes are particularly sensitive about any traits they possess that they perceive to be sex-inappropriate. For example, boys tend to be very shy about underdeveloped genitalia, lack of pubic hair, or fatty breasts. Girls are likely to be disturbed by underdeveloped breasts or dark facial hair.

Individual differences in growth greatly affect the personality of young adolescents. For example, research indicates that boys who mature early have an advantage. They become heroes in sports and leaders in social activities. Other boys look up to them; girls have crushes on them; adults tend to treat them as more mature. As a result, they are generally more self-confident and independent than other boys. Some late-maturing boys may withdraw or exhibit deviant behavior. The effects of late maturation for boys may last into young adulthood (Graber et al., 2004).

Variations in the rate of development continue to have an effect on males even into their thirties. Those who matured earlier have been found to have a higher occupational and social status than those who matured later. The correlation weakens, however, as males enter their forties (Jones, 1965).

With girls the pattern is somewhat different. Girls who mature early may feel embarrassed rather than proud of their height and figure at first. Some begin dating older boys and become bossy with people their own

 **Reading Check**
How do female and male growth spurts differ?

During puberty, boys and girls begin to produce higher levels of hormones. Those hormones spark sexual development. *How have sexual attitudes changed in the past 30 years?*



For Better or For Worse reprinted by permission of United Feature Syndicate, Inc.

age. Late-maturing girls tend to be less quarrelsome and may get along with their peers more easily. In their late teens, girls who matured early may be more popular and have a more favorable image of themselves than girls who matured slowly.

Why does physical growth have such powerful psychological effects? According to one widely held theory, the psychological reactions to physical growth may be the result of a self-fulfilling prophecy. For example, the boy who believes he does not meet his culture's physical ideal may think less of himself and not pursue success as doggedly as the next person. His belief actually helps bring about the failure he feared.

SEXUAL DEVELOPMENT

As we noted earlier, adolescence is accompanied by puberty, which is when individuals mature sexually. The physical changes that occur are accompanied by changes in behavior. Adolescence is also the time when an individual develops attitudes about sex and expectations about the gender role he or she will fill. Early sexual maturity and cultural patterns of sexual behaviors have changed from one generation to the next generation. For example, the average age of marriage is about 26 years, some three or four years later than it was in the 1950s and about 12 years after sexual maturation (*World Almanac and Book of Facts*, 2006).

Sexual Attitudes

Attitudes affect the way we feel about sex and the way we respond sexually. Around the world there are wide variations in what children are told about appropriate sexual behavior and how they respond. In some societies children are kept in the dark about sex until just before they are married, whereas in others preadolescent children are encouraged

to engage in sexual play in the belief that such play will foster mature development.

Although middle- and upper-class females who attend college seem to be more sexually active than college females were 30 or 40 years ago, in general in the United States sexual behavior in other social categories is about the same today as it was in the 1970s. In terms of attitudes, however, there has been a change.

The increase of sexual awareness and activity of today's teens has raised many questions over the role of family, religion, and government in providing information and guidance about sex. The Youth Risk Behavior Surveillance Report (2004) claims that approximately 870,000 pregnancies occur each year among adolescents, along with 3 million cases of sexually transmitted diseases. The teen birthrate has fallen steadily since 1991, but teen-related pregnancies and births continue to be societal issues. Studies show that children of teenage mothers are more likely to become teenage parents themselves, to do poorly in school, and to serve time in prison.

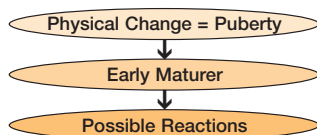
Fear of sexually transmitted diseases and the AIDS epidemic have also affected sexual attitudes. The number of U.S. AIDS cases has been holding fairly steady in recent years. At first associated only with homosexual sex and intravenous drug use, AIDS was ignored by many Americans. Efforts at increasing condom use have been successful, though. The use of condoms by young people rose from about 46 percent in 1991 to 63 percent in 2003. (Centers for Disease Control and Prevention, 2004).

Many teens are examining the risks of sexual behavior and deciding that the only safe choice is abstinence from sexual intercourse. *Abstinence* is a choice to avoid harmful behaviors including premarital sex and the use of drugs and alcohol. By choosing abstinence some teens hope to avoid unwanted pregnancies, sexually transmitted diseases, and loss of self-respect.

SECTION I

Assessment

- 1. Review the Vocabulary** What do menarche and spermarche have to do with physical development?
- 2. Visualize the Main Idea** Create two flowcharts similar to the one below to characterize physical changes in a male and female adolescent and possible reactions to those changes.
- 3. Recall Information** According to Margaret Mead, how does one's culture influence adolescent development?
- 4. Think Critically** What are the problems with defining the start and end of adolescence? Why do these problems exist?



5. Application Activity

Think back over the stages of your life from childhood to the present. Which were the best and worst years of your life and why? Compare your responses to your classmates, and as a class debate whether adolescence is a time of "storm and stress."

Case Studies

Early Maturation

Period of Study: 1992

Introduction: In 1986 a 9-year-old Brazilian girl, Maria Eliana Jesus Mascarenhas, amazingly gave birth to a healthy 7-pound daughter.

How can a 9-year-old girl bear children? Maria suffered from a hormone imbalance that produced premature puberty, also known as *precocious puberty*. (Sexual development normally begins around age 11 in girls.) For reasons unknown, this disorder tends to affect females more than males. Children who start puberty prematurely are tall for their age because of the growth spurt triggered by hormones. However, since their skeleton matures and growth stops at an earlier age than normal, they never achieve their full height potential as adults.

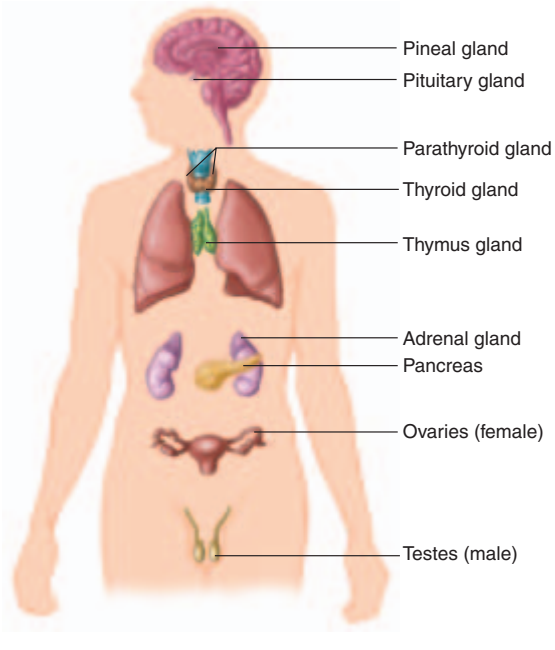
There are also countless psychological difficulties for the child and parents who encounter this disorder. At the time of her child's birth, doctors estimated that Maria's body matched those of normal 13- or 14-year-old girls. This case inspired psychologists to study the influence of psychological factors on the maturation of females in general.

Hypothesis: Psychological factors, including stressors revolving around family, social relationships, and school, will cause an earlier menarche in some females (Rice, 1992a).

Method: Researchers conducted a longitudinal study on a group of 16-year-old girls. Psychologists assessed the living conditions in which the participants grew up, including the absence of a father, mother, or both; family conflict; and parental marital difficulty.

Results: The study found that females who grow up in conditions of family stress experience behavioral and psychological problems that stimulate earlier pubertal onset, leading to reproductive readiness, as in Maria's case. These stressful conditions caused a slower metabolism, resulting in weight gain and triggering early menarche.

Glands That Release Hormones Into the Bloodstream



Further studies have indicated that girls who experience precocious puberty may go through periods of moodiness or irritability, while boys may become aggressive. These children may also become self-conscious about their bodies. Treatment for precocious puberty is usually aimed at changing the hormonal imbalance in the body through drug therapy. Psychologically, the behavior of children usually improves, becoming more age-appropriate, as their bodies return to normal development.

Analyzing the Case Study

1. How was a 9-year-old child able to give birth?
2. What are the psychological causes of precocious puberty?
3. **Critical Thinking** What considerations might a psychologist take into account when treating a child suffering from precocious puberty?

Reader's Guide

■ Main Idea

The transition from childhood to adulthood involves changes in patterns of reasoning and moral thinking, as well as the development of one's identity.

■ Vocabulary

- rationalization
- identity crisis
- social learning theory

■ Objectives

- Describe the cognitive and ideological changes that characterize adolescence.
- Outline the process by which adolescents find a personal identity.

EXPLORING PSYCHOLOGY

The Tattoo

"I had this tiny butterfly in a circle of roses tattooed on my left shoulder. No one else knew it was there, but I did, and whenever I thought about it I felt happy, like a different person. My mother was furious when she found out I'd had it done, but I think it's really pretty."

(Barbara, age 19)

—from *Adolescence: The Survival Guide for Parents and Teenagers* by Elizabeth Fenwick and Dr. Tony Smith, 1994

During adolescence, a sense of identity and self-esteem are very important and depend very much on friends. Barbara's butterfly tattoo served as a statement of identity and made her happy and confident. Also during adolescence, many changes are occurring in ways of thinking and feeling. Becoming an adult involves much more than becoming physically mature, although that is an important part of the process. The transition from childhood to adulthood also involves changes in patterns of reasoning and moral thinking, and adjustments in personality and sexual behavior.

COGNITIVE DEVELOPMENT

During adolescence, the thinking patterns characteristic of adults emerge. Jean Piaget described this as *formal operations* thinking (Piaget & Inhelder, 1969). From about age 11 or 12, most people's thinking becomes more abstract. For example, the adolescent can consider the

**Reading Check**

How does an adolescent's thinking differ from that of a child?

answer to a hypothetical question like “What would the world be like if people lived to be 200?” He or she can entertain such hypothetical possibilities in a way that a young child cannot. This ability expands the adolescent’s problem-solving capacity. A teenager who discovers that her car’s engine has a knock can consider a number of possible causes and systematically test various adjustments and auto parts until she finds the root of the problem. This is the same ability that a scientist must have to conduct experiments.

With comprehension of the hypothetical comes the ability to understand abstract principles and deal with analogies and metaphors. Not only is this capacity important for studying higher-level science and mathematics, but it also leads the adolescent to deal with abstractions in his or her own life such as ethics, conformity, and phoniness. It allows for introspection—examining one’s own motives and thoughts. One adolescent noticed, “I found myself thinking about my future, and then I began to think about why I was thinking about my future, and then I began to think about why I was thinking about why I was thinking about my future.”

These new intellectual capacities also enable the adolescent to deal with overpowering emotional feelings through **rationalization**. After failing a test, for example, an individual may rationalize that it happened “because I was worried about the date I might be going on next week.” An 8-year-old is too tied to concrete reality to consider systematically all the reasons why he or she might have failed.

Do all adolescents fully reach the stage of formal operations thinking at the same age? As you might suspect, just as there are variations in physical maturity, so there are variations in cognitive maturity. In general, the rate of mental growth varies greatly both among individual adolescents and among social and economic classes in this country. One study showed that less than half of the 17-year-olds tested had reached the stage of formal operations thinking (Higgins-Trenk & Gaité, 1971).

Differences have also been noted among nations. Formal operations thinking is less prevalent in some societies than in others, probably because of differences in the amount of formal education available. People who cannot read and write lack the tools to separate thought from concrete reality, and hence they cannot reach, or do not need to reach, more advanced levels of thinking (Dasen & Heron, 1981).

The change in thinking patterns is usually accompanied by changes in personality and social interactions as well. For example, adolescents tend to become very idealistic. This is because, for the first time, they can imagine the hypothetical—how things might be. When they compare this to the way things are, the world seems a sorry place. As a result, they can grow rebellious.

rationalization: a process whereby an individual seeks to explain an often unpleasant emotion or behavior in a way that will preserve his or her self-esteem

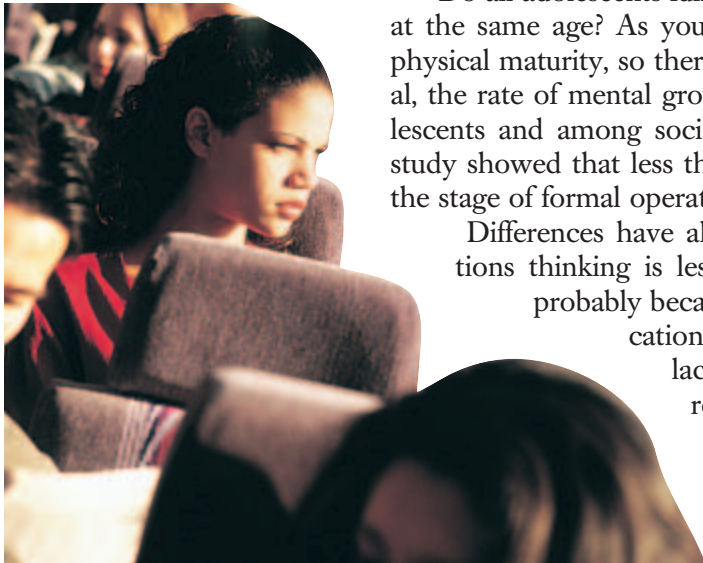


Figure 4.5

Introspection

Adolescents display an egocentrism—the tendency to be overly concerned with the sudden changes in their lives. Usually this period of intense introspection decreases as adolescents become young adults. **Why does formal operations thinking bring about introspection in adolescents?**

Some adolescents even develop a “messiah complex” and believe they can save the world from evil. In addition, the adolescents of each generation typically become impatient with what they see as the adult generation’s failures. They do not understand why, for example, a person who feels a job compromises his or her principles does not just quit. In other words, adolescents tend to be somewhat unrealistic about the complexities of life. Evidence suggests that adolescent risk-taking behavior may be based in underdeveloped self-regulation (Eccles et al., 2003).

Dr. David Elkind (1984) described some problems adolescents develop as a result of immaturity and abstract thought processes:

- **Finding fault with authority figures:** Adolescents discover that people they admired for years fall short of their ideals and let everyone know it.
- **Argumentativeness:** Adolescents practice building their own viewpoints by arguing any problem that presents itself.
- **Indecisiveness:** Aware of many choices, adolescents often have trouble making even simple decisions.
- **Apparent hypocrisy:** Adolescents have difficulty understanding an ideal and living up to it.
- **Self-consciousness:** Adolescents assume that everyone is thinking about the same thing they are—themselves!
- **Invulnerability:** Adolescents begin to feel special, that their experiences are unique, and that they are not subject to the same rules that govern everyone else. This special feeling of invulnerability underlies adolescent risk-taking behavior and self-destructive behavior.

MORAL DEVELOPMENT

Besides experiencing physical and cognitive changes, some adolescents, though by no means all, also go through important changes in their moral thinking. You will recall that according to Lawrence Kohlberg (whose theory was reviewed in Chapter 3), moral reasoning develops in stages. Young children in the early stages of their moral development are very egocentric. They consider an act right or wrong depending on whether or not it elicits punishment (Stage 1) or on whether it has positive or negative consequences for themselves (Stage 2). At later stages they judge an action by whether or not it is socially approved (Stage 3) or is sanctioned by an established authority (Stage 4).

Many people never get beyond Stage 4, and their moral thinking remains quite rigid. For those who do, however, adolescence and young adulthood are usually the periods of the most profound development. Individuals who progress to Stage 5 become concerned with whether a

More About...

Teenagers and Work

By high school graduation, 70 to 80 percent of students have had some kind of job. Most take low-skilled jobs that provide an opportunity to make some extra money. While most people tend to believe that any kind of job experience is good, especially for economic reasons, research indicates that such work can, in fact, be harmful.

One reason for this is that students who work evenings or weekends have less time to study. If you work, you need to set time aside for schoolwork. Another reason is that students gain a false impression of the workplace from their work experience. The jobs they take tend to be low paying, boring, and unchallenging.

Finally, working while still in school can create false ideas about money. Most students work to pay for luxury items, such as brand-name clothes or concert tickets. There is a danger that they will experience a false sense of affluence because what they earn is spending money, not money to pay for necessities such as food and rent. Realizing that spending money may, in fact, be less available when you take a full-time job will help you avoid this trap.



How does the media portray adolescents?

Many television shows feature teenagers as the main characters. How are these teenagers featured? What are their concerns and how do they handle problems?

Procedure

1. Watch a television show that features teenagers as the main characters.
2. List the problems presented in the show and how the teenager attempted to resolve them.
3. Have students role-play the show's protagonists and debate alternative solutions.

Analysis

1. In a report, describe other ways the teenager might have solved the problems or issues that he or she faced.
2. Which of the developmental tasks of adolescence was the teenager in the television show mastering?
3. How well did the television teenager's solutions compare with those of your classmates?



See the **Skills Handbook**, page 622, for an explanation of designing an experiment.

law is fair or just. They believe that the laws must change as the world changes and are never absolute. For example, an individual who has progressed to Stage 5 might ignore a law to save a human life. Individuals who reach Stage 6 are also concerned with making fair and just decisions. However, they differ from Stage 5 individuals in that they formulate absolute ethical principles, such as the Golden Rule, that they have worked through for themselves. They believe such moral laws apply to everyone, cannot be broken, and are more important than any written law.

Reaching higher levels of moral thinking involves the ability to abstract—to see a situation from another's viewpoint. That is why such moral development tends to occur in adolescence, when individuals gain the capacity for formal operations thinking. Not all adolescents who display such thinking simultaneously show higher levels of moral reasoning, though. In fact, only about 1 in 10 do (Kohlberg & Tunel, 1971). Thus, formal thought, while necessary for higher moral development, does not guarantee it. Interestingly, by the mid-1980s, Kohlberg began to question whether differentiating between Stages 5 and 6 was necessary. He concluded that only one stage—combining the key features of both stages—adequately identified the most advanced form of moral development and thinking.

Overall, psychologists agree that a person's moral development depends on many factors, especially the kind of relationship the individual has with his or her parents or significant others. Evidence shows that during high school, adolescent moral development does not progress much. During college, however, when the individual is away from home more and experiencing different cultures and ideas, more pronounced changes in moral development occur.

IDENTITY DEVELOPMENT

The changes adolescents undergo affect many facets of their existence, so it is hardly surprising that cumulatively they have a shaping influence on personality. Psychologists who have studied personality changes in adolescence have focused on the concept of identity. One psychologist in particular, Erik Erikson, has shown that the establishment of identity is key to adolescent development. His theory of how individuals arrive at an integrated sense of self has inspired a great deal of argument.

Erikson's Theory of the Identity Crisis

According to Erikson, building an identity is a task that is unique to adolescence. Children are aware of what other people (adults and peers) think of them. They know the labels others apply to them (good, naughty, silly, talented, brave, pretty, etc.). They are also aware of their biological drives and of their growing physical and cognitive abilities. Children may dream of being this or that person and act out these roles in their play. Yet they do not brood about who they are or where they are going in life. Children tend to live in the present; adolescents begin to think about the future.


To achieve some sense of themselves, most adolescents must go through what Erikson termed an **identity crisis**—a time of inner conflict during which they worry intensely about their identities. Several factors contribute to the onset of this crisis, including the physiological changes and cognitive developments described earlier in this chapter, as well as awakening sexual drives and the possibility of a new kind of intimacy with the opposite sex. Adolescents begin to see the future as a reality, not just a game. They know they have to confront the almost infinite and often conflicting possibilities and choices that lie ahead. In the process of reviewing their past and anticipating their future, they begin to think about themselves. The process is a painful one that is full of inner conflict, because they are torn by the desire to feel unique and distinctive on the one hand and to fit in on the other. Only by resolving this conflict do adolescents achieve an integrated sense of self.

According to Erikson, adolescents face a crisis of identity formation versus identity confusion. The task of an adolescent is to become a unique individual with a valued sense of self in society. This issue is never completely resolved. The issue surfaces many times during a lifetime.

Adolescents need to organize their needs, abilities, talents, interests, background, culture, peer demands, and so on, to find a way to express themselves through an identity in a socially acceptable way. Identity forms when the adolescent can resolve issues such as the choice of an occupation, a set of values to believe in and live by, and the development of a sexual identity. The adolescent question is “Who am I?”

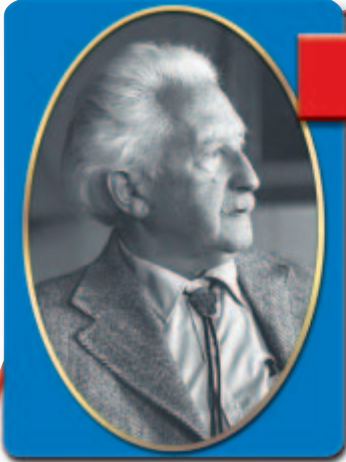
Role confusion is normal. It may be the reason why some adolescents' lives seem so chaotic. It also may explain why some adolescents are extremely self-conscious. Confusion is represented by childish behavior to avoid resolving conflicts and by being impulsive in decision making.

identity crisis: a period of inner conflict during which adolescents worry intensely about who they are



Good Looks Are Overrated

Often our opinions of ourselves relate to our looks. Many people actually think that they are better looking than what others rate them. Also, any social advantages, such as popularity, seem to decline as people mature. This may be because plain people work harder to develop social skills, while their better-looking peers do not receive the automatic attention they once did. Having good looks is not the only way to earn self-respect. Researchers studied a group of boys from age 10 to early adulthood, finding that those with consistently high self-esteem were not necessarily the best looking. The most confident boys were the ones whose parents had set high standards yet showed respect for the boys' own decision making.



Profiles In Psychology

Erik Erikson

1902–1994

“Healthy children will not fear life if their elders have integrity enough not to fear death.”

Born of Danish parents, Erikson never knew his father. Erik’s father left his mother before he was even born. His mother married a German-Jewish pediatrician. Erikson felt that he did not belong. Mocked in synagogues because of his fair features and ostracized by non-Jews because of his faith, the development of an identity became one of the greatest concerns of Erikson’s life.

Erikson traveled to Rome as an art student to study the works of Michelangelo, and this experience inspired him to study psychoanalysis with Anna Freud (Sigmund Freud’s daughter). The success of therapy convinced Erikson to become an analyst.

Although Erikson never formally attained a degree in psychology, he taught at such prestigious institutions as Harvard and Yale. His work with the Sioux and Yurok Native American groups convinced Erikson that development is a lifelong process. His major contribution to the field of psychology was his identification of a life cycle consisting of eight distinct stages (see Chapter 3).

Marcia’s View of the Identity Crisis

Erikson’s theory finds support in the work of another psychologist, James Marcia. According to Marcia (1966), Erikson is correct in pointing to the existence of an adolescent identity crisis. That crisis arises because individuals must make commitments on such important matters as occupation, religion, and political orientation. Using the categories of “crisis” and “commitment,” Marcia distinguished four attempts to achieve a sense of identity (see Figure 4.6): (1) *identity moratorium adolescents*, who are seriously considering the issues but have not made a commitment on any of the important matters facing them; (2) *identity foreclosure adolescents* have made a firm commitment about issues based not on their own choice but on the suggestion of others; (3) *identity confused or diffused adolescents*,

who have not yet given any serious thought to making any decisions and have no clear sense of identity; and (4) *identity achievement adolescents*, who considered many possible identities and have freely committed themselves to occupations and other important life matters.

These categories must not be too rigidly interpreted. It is possible for an individual to make a transition from one category to another, and it is also possible for the same individual to belong to one category with respect to religious commitment and to another with respect to political orientation or occupational choice. Marcia’s main contribution is in clarifying the sources and nature of the adolescent identity crisis.

Although Erikson and Marcia insist that all adolescents experience an identity crisis, not all psychologists agree. The term “crisis” suggests that adolescence is a time of nearly overwhelming stress. It also implies that the adolescent transition to maturity requires a radical break with childhood experience. As we noted earlier, many psychologists believe that

Figure 4.6

Adolescent Identity Categories


Progress in the search for one’s identity can be divided into four categories. *In which category would you place someone who is not actively concerned with his or her identity and is waiting until later to decide the issue?*

	Exploring identity issues	Not exploring identity issues yet
Decisions already made	Identity Achievement	Identity Foreclosure
Decisions not yet made	Identity Moratorium	Identity Diffusion

Source: Adapted from Kalat, 2005.

adolescence is not strife-ridden, but a smooth transition from one stage of life to the next—especially following a healthy childhood.

One of the reasons Erikson may have arrived at his view is that he focused his study on disturbed adolescents who sought clinical psychiatric treatment. When adolescents attending school are selected at random and studied, critics point out that most show no sign of crisis and appear to be progressing rather smoothly through adolescence (Haan & Day, 1974).

 **Reading Check**
What is the major criticism of Erikson’s theory?

Social Learning View

Psychologists and social scientists seeking an alternative to Erikson’s theory have offered several other explanations for adolescent identity formation. A.C. Peterson (1988), for example, argues that crisis is not the normal state of affairs for adolescents. When crises develop—as they do in a little more than 20 percent of all adolescent boys (Offer & Offer, 1975)—the cause is generally a change in the external circumstances of an individual’s life rather than a biological factor. Thus, a divorce in the family or a new set of friends may trigger teenage rebellion and crisis, but no internal biological clock dictates those events.

Human development, in Albert Bandura’s view, is one continuous process. At all stages, including adolescence, individuals develop by interacting with others. Because of Bandura’s emphasis on interaction in understanding adolescence and all other phases of human development, his approach is usually referred to as the **social learning theory** of development (Bandura, 1977).

Margaret Mead also stressed the importance of the social environment in adolescent identity formation. On the basis of her studies in Samoa (1973), for example, she concluded, like Bandura, that human development is more a continuous process than one marked by radical discontinuity. In that remote part of the world, adolescents are not expected to act any differently than they did as children or will be expected to act as adults. The reason is that children in Samoa are given a great

social learning theory:
Bandura’s view of human development; emphasizes interaction



Figure 4.7 Adolescence in Samoa

The Samoa that Mead saw is now gone. Once a place in which most young people came of age with relative ease, Samoa has become a place where young people experience great difficulty in terms of finding a place in their society. As a result, they currently have one of the highest suicide rates in the world. *How did Mead characterize adolescence? Why did she characterize it this way?*

deal of responsibility. They do not suddenly go from being submissive in childhood to being dominant later in life. Mead also pointed out that in Samoa, as in other nonindustrial societies, children have gender roles similar to those of adults and therefore do not experience the onset of sexuality as an abrupt change or a traumatic experience. The identity crisis, then, is by no means a universal phenomenon.

Personality development in adolescence is a complex phenomenon. It involves not only how a person develops a sense of self, or identity, but how that person develops relationships with others and the skills used in social interactions. No one theory can do justice to all that is involved in the process of personality development. Erikson's emphasis on the adolescent's need for his or her own identity is an important contribution. In adolescence, self-esteem is influenced by the process of developing an identity. (Self-esteem refers to how much one likes oneself. Self-esteem is linked to feelings of self-worth, attractiveness, and social competence.) By focusing on the psychology of the individual, however, Erikson tended to ignore the influence of society. The studies of Bandura and Mead provide needed correctives. To arrive at

a balanced picture of personality change and identity formation in adolescence, we must call upon all viewpoints.

SECTION 2

Assessment

- 1. Review the Vocabulary** Describe the social learning theory.
- 2. Visualize the Main Idea** Use a chart similar to the one below to describe the characteristics of each category of Marcia's identity theory.
- 3. Recall Information** What is an example of rationalization and a reason it might occur?
- 4. Think Critically** What factors may help adolescents in their search for an identity? How might adolescents discover occupations, religions, or political orientations that are right for them?

Identity Status	Characteristics

- 5. Application Activity** Select one of Dr. David Elkind's adolescent problems and characterize that problem in a cartoon or fictional dialogue.

Reader's Guide**■ Main Idea**

Adolescents undergo many changes in their social relationships, adjusting to new relationships with parents and the influence of peers.

■ Vocabulary

- clique
- conformity
- anorexia nervosa
- bulimia nervosa

■ Objectives

- Describe the role of family and peers during adolescence.
- Discuss difficulties that some adolescents encounter.

EXPLORING PSYCHOLOGY**Peer Pressure**

Consider the following situation: “You are with a couple of your best friends on Halloween. They’re going to soap windows, but you’re not sure whether you should or not. Your friends say you should, because there’s no way you could get caught.” What would you really do?

—adapted from *Developmental Psychology* by T.J. Berndt, 1979

The situation above was presented to participants from the third, sixth, ninth, and twelfth grades. The participants had to determine what they would do in the situation. The results demonstrated that conformity to peer pressure rose steadily from the third to the ninth grade, then declined with twelfth graders.


Adolescents experience various changes in their social relationships. No longer a child though not yet an adult, the teenager must find a new role in the family—one that parents are not always ready to accept. He or she must also adjust to new, often more intense relationships with peers.

THE ROLE OF THE FAMILY

Families in the United States have experienced marked changes in the past several decades. Prior to 1970, the typical American family had a wage-earning father working outside the home and a mother who worked

within the home. Now, almost half of all marriages end in divorce, more than half of all adult women are in the workforce, and the typical family has two wage earners.

Regardless of these changes, one of the principal developmental tasks for adolescents is becoming independent of their families. Unfortunately, the means of achieving this status are not always clear, either to the adolescents or to their parents. First, there are mixed feelings on both sides. Some parents have built their lifestyles around the family and are reluctant to let the child go. Such parents know they will soon have to find someone else on whom to shift their emotional dependence. Also, parents whose children are old enough to leave home sometimes have to wrestle with their own fears of advancing age. Many parents worry about whether their children are really ready to cope with the realities of life—worries shared by the adolescents themselves. At the same time that young people long to get out on their own and try themselves against the world, they worry about failing. This internal struggle is often mirrored in the adolescent's unpredictable behavior, which parents may interpret as "adolescent rebellion." Against this background of uncertainty, which is almost universal, there are various family styles of working toward autonomy.

 **Reading Check**
How does the role of the family change during adolescence?

clique: a small, exclusive group of people within a larger group

More About...

Are Boys in Trouble?

Many researchers claim that today's boys are in trouble and it is time to pay attention to how we are raising them. Why? Let us just look at the numbers. Males die in greater numbers in infancy than females. Boys are far more likely than girls to be told they have learning disabilities, to be sent to the principal's office, to be suspended from high school, or to commit crimes. In adolescence boys kill themselves five times more often than girls do. In adulthood they are being jailed at increasing rates, abandoning families, and are more likely to be the victims of or commit violence.

Some psychologists seek to explain these numbers by proposing that the way we parent and educate boys does not allow them to fully develop the capacity for emotional depth and complexity. As a result, boys are less capable than girls of meeting the challenges of adolescence successfully. In effect, we are not training boys correctly. Their traditional survival qualities, such as physical strength and dominant personalities, no longer assure their survival or success.

THE ROLE OF PEERS

Adolescents can trust their peers not to treat them like children. Teenagers spend much of their time with friends—they need and use each other to define themselves. High schools are important as places for adolescents to get together, and they do get together in fairly predictable ways. Most schools contain easily recognizable and well-defined groups. These groups are arranged in a fairly rigid hierarchy—everyone knows who belongs to which group and what people in that group do with their time. Early in adolescence the groups are usually divided by sex, but later the sexes mix. Groups usually form along class lines. Some school activities bring teenagers of different social classes together, but it is the exception rather than the rule that middle-class and lower-class adolescents are close friends.

Besides class, what determines whether an adolescent will be accepted by a peer group? Many studies have shown that personal characteristics are very important. These studies indicate that popularity is very much based on good looks and personality. With both sexes, athletic ability is also an important factor. Today many peer groups adopt very distinct styles to express themselves.

Belonging to a **clique** (a group within a group) is very important to most adolescents and serves several

functions. Most obviously, perhaps, it fulfills the need for closeness with others. In addition, it gives the adolescent a means of defining himself or herself, a way of establishing an identity. The group does this by helping the individual achieve self-confidence, develop a sense of independence from family, clarify values, and experiment with new roles. For instance, members of cliques may imitate one another's clothing, speech, or hair-styles. By providing feedback, clique members not only help define who an individual is but also who he or she is not: group membership separates an adolescent from others who are not in his or her group.

Of course, there are drawbacks to this kind of social organization. One of the greatest is the fear of being disliked, which leads to **conformity**—the “glue” that holds the peer group together. A teenager's fear of wearing clothes that might set him or her apart from others is well known. Group pressures to conform, however, may also lead young people to do more serious things that run contrary to their better judgment.

Despite their tendency to encourage conformity, peer groups are not always the dominant influence in an adolescent's life. Both parents and peers exercise considerable influence in shaping adolescent behavior and attitudes. Peers tend to set the standards on such matters as fashion and taste in music. In addition, their advice on school-related issues may also be considered more reliable than parental counsel (Berndt, 1992).

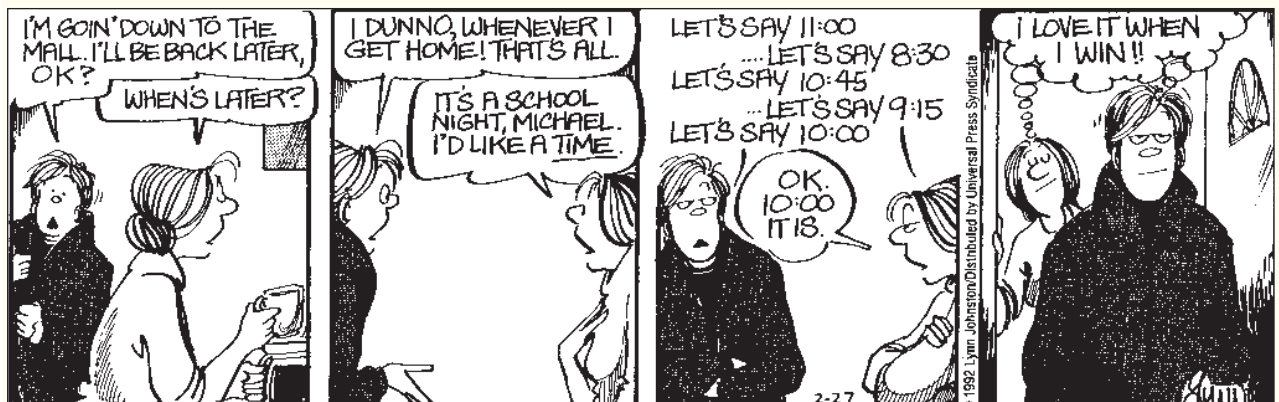
When it comes to basic matters, however, involving marriage, religion, or educational plans, adolescents tend to accept their parents' beliefs and to follow their advice (Offer & Schonert-Reichl, 1992). Only in a few areas touching basic values—for example, drug use or sexual behavior—are there differences. Even here the differences are not fundamental and represent only a difference in the strength with which the same basic belief is held. For example, adolescents may have more liberal views on premarital sex than their parents do.

 **Reading Check**
Why do adolescents join cliques?

conformity: acting in accordance with some specified authority

Figure 4.8 The Rebellious Teen

Adolescence is often described as a time of children's rebellion against parents. This rebellion is usually aimed at the controls parents exercise over the adolescents' behavior. **Who replaces parents as a source of emotional support for adolescents?**



For Better or For Worse reprinted by permission of United Feature Syndicate, Inc.

Figure 4.9**Peer Groups**

As individuals progress from childhood to adolescence, peers become very important. ***Why are adolescents so heavily influenced by peers?***

Peer groups, then, do not pose a threat to parental authority. Even though parents spend less time with their adolescent children as the latter mature, their influence is still strong. Adolescents of both sexes tend to choose friends with values close to those of their parents. As a result, these peer groups are of immense help to the adolescent in making the transition from dependent child to independent adult. Thus, generational conflict is not nearly so pronounced as some researchers would have us believe.

On the other hand, psychologist Judith Rich Harris claims that peer groups, not parents, teach children how to behave in the world (Harris, 1998). So, the only influence parents are able to have over their children is by

supplying the environment in which they meet peers. She argues that parents should live in a good neighborhood so their children associate with positive peers. Many psychologists passionately criticize Harris's theory. Critics claim that there is a very strong relationship between parenting styles and the social development of children and that the style is more important than the neighborhood.

DIFFICULTIES DURING ADOLESCENCE

As we have seen in this chapter, adolescence is a time of transition. There are many developmental tasks to be mastered, but adolescence is not distinct from other periods of life in this respect. As Erikson (1968) pointed out, every stage of life brings with it unique challenges that are specific to that stage, whether it is old age, early childhood, or adolescence.

Given the great array of profound changes the adolescent must cope with involving his or her mind, body, emotions, and social relationships, it is natural and normal that most adolescents should experience some temporary psychological difficulties. The great majority, however, adjusts fairly quickly. Although some studies show that mental illness and suicide are relatively rare among adolescents, the rates of both have at times been high. Between 1950 and 1990, for example, the teenage suicide rate quadrupled. Since then, the rate has been in steady decline. Suicide figures, however, may be underestimated because medical personnel sometimes label a death as an accident to protect the victim's family.



Student Web Activity

Visit the *Understanding Psychology* Web site at glencoe.com and click on **Chapter 4—Student Web Activities** for an activity about adolescent development.

The illusion of invulnerability—“Others may get caught, but not me!”—is a part of adolescent egocentrism. This illusion may lead adolescents to do things with their peers they would not do alone. This troubled minority often “acts out” problems in one of several ways. Acts of juvenile delinquency—running away from home, teen pregnancies, alcohol and drug abuse, and underachievement at school—are typical (see Figure 4.10). Juveniles were involved in 15 percent of all violent crime arrests and 29 percent of all property crime arrests in the United States in 2003 (Snyder, 2005). Repeat offenders and the fact that many offenders are not caught make these data hard to interpret, though. Most juveniles generally outgrow these tendencies as they mature.

Unfortunately, troubled adolescents do not simply “outgrow” their problems but carry them into later life if they are not treated. Adults, therefore, should be concerned about troubled teenagers. It is important to note, however, that unusual behavior should be seen as a more intense form, or a more extreme degree, of normal behavior. It should be considered just a different kind of behavior. For example, teenagers who experiment with drugs—or even become drug abusers—need understanding. By not labeling the teenaged drug abuser “strange” or “abnormal,” we can begin to understand his or her psychological needs.

Did You Know?

Reporting Suicides Publicizing teen suicides does not seem to prevent more suicides. In fact the opposite seems to occur—publicizing suicides seems to encourage more suicides. Psychologists are trying to understand why this happens.

Teenage Depression and Suicide

According to Kathleen McCoy (1982), the phenomenon of teenage depression is much more widespread than most parents or educators suspect. To many grownups who see adolescence as the best years of

Figure 4.10 Juvenile Arrests in the United States

Juvenile arrests for both violent crime and property crime decreased over the past decade. *What factors contribute to juvenile delinquency?*

Types of crime	Number of juvenile arrests	Percent of total arrests	Percent change	
			1994-2003	1999-2003
Violent Crime	92,300	4.2	-32	-9
Murder	1,130	.1	-68	-18
Forcible rape	4,240	.2	-25	-11
Robbery	25,440	1.1	-43	-8
Aggravated assault	61,490	2.8	-26	-9
Property crime	463,300	20.9	-38	-15
Burglary	85,100	3.8	-40	-15
Larceny- theft	325,600	14.7	-35	-15
Motor vehicle theft	44,500	2.0	-52	-15
Arson	8,200	.4	-36	-12

life, depression and youth may seem incompatible. What events trigger depression in adolescents? One major event is the loss of a loved one through separation, family relocation, divorce, or death. The adolescent may experience grief, guilt, panic, and anger as a reaction. If the teenager is not able to express these feelings in a supportive atmosphere, depression may result.

Another form of loss that causes depression is the breakdown of the family unit, often as a result of separation and divorce. Family members may be in conflict with each other and thus unable to communicate well. Adolescents may be therefore deprived of the emotional support they need.

Unlike depressed adults, who usually look and feel sad or “down,” depressed teenagers may appear to be extremely angry. They often engage in rebellious behavior such as truancy, running away, drinking, using drugs, or being sexually promiscuous. Often, depressed teenagers appear intensely hyperactive and frantic, traits that are frequently mistaken for normal behavior in teenagers. McCoy urges parents and educators to be aware of the warning signals of teenage depression and suicide. One warning signal is a change in the intensity and frequency of rebellious behavior. Others are withdrawal from friends, engaging in dangerous risk taking, talking about suicide, and excessive self-criticism. Frequently, the greatest danger of suicide occurs after a depression seems to be lifting.

The best way to deal with teenage depression is to communicate with the teenager about his or her problems. Sometimes a caring, listening parent or a responsive, sensitive friend can help the youth deal

with his or her concerns. In other cases, parents and their teenage child may need to seek professional help. This is particularly true when few channels of communication are open.

Eating Disorders

Eating disorders such as anorexia nervosa and bulimia nervosa affect many teenagers and young adults, especially females. Adolescents who develop eating disorders do not get the calories or the nutrition they need to grow. A serious eating disorder, **anorexia nervosa**, is characterized by refusing to eat and not maintaining weight. People suffering from this disorder have an intense fear of gaining weight or amassing fat. Anorexics have a distorted body

anorexia nervosa: a serious eating disorder characterized by a fear of gaining weight that results in prolonged self-starvation and dramatic weight loss



Figure 4.11 Anorexia

Anorexia develops over time as a way of coping with emotional stress or pain, unhappiness, or other problems a person may have. **How is anorexia nervosa treated?**

image—they see themselves as overweight and fat even though they are underweight and thin.

When faced with the pressures of adolescence, some people develop abnormal eating patterns. Some psychologists suggest that anorexia represents a female’s refusal to grow up. Girls who develop anorexia typically miss menstrual cycles. Other psychologists propose that anorexia is an attempt by teenagers to assert control over their lives at a time when so much seems beyond their control. Treatment for anorexics involves a focus on encouraging weight gain and dealing with psychological problems. Another serious disorder, **bulimia nervosa**, is characterized by binge eating followed by purging—vomiting, using laxatives, or rigorous dieting and fasting—to eliminate the calories taken in during the binge. People suffering from bulimia nervosa are excessively concerned about body shape and weight. Bulimics usually engage in this behavior in private.

Some psychologists suggest that bulimia may result from a teen’s feeling of alienation during adolescence or a need to find approval from others. Some bulimics also experience depression, anxiety, and mood swings. Treatment involves therapy and the use of antidepressant drugs.



Culture and Body Image

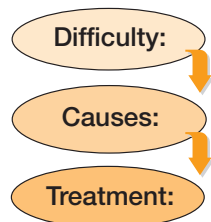
“You’ve gained weight” is a traditional compliment in Fiji. Dinner guests in the South Pacific are supposed to eat as much as possible. A nicely rounded body is the norm for men and women. All that changed, though, with the arrival of TV. Now, girls in Fiji dream of looking like American stars on TV—skinny. In fact, eating disorders are more common in industrialized countries, suggesting that cultural factors play a major role in body image. Meanwhile, in Fiji, the percentage of girls with eating disorders has increased, and in a 1998 survey a high percentage of the girls stated that they had been on a diet. How does today’s culture affect you? What is your ideal body image? Why?

bulimia nervosa: a serious eating disorder characterized by compulsive overeating usually followed by self-induced vomiting or abuse of laxatives

SECTION 3 Assessment

1. Review the Vocabulary What are the symptoms of anorexia nervosa and bulimia nervosa?

2. Visualize the Main Idea Using a graphic organizer similar to the one at right, identify and describe three difficulties that adolescents might encounter.



3. Recall Information How does the influence of parents over their children change during adolescence?

4. Think Critically Why do adolescents form cliques? Do you think cliques serve a positive or negative purpose? Explain your answers.

5. Application Activity Create an informational pamphlet on a problem some teens encounter, such as eating disorders or depression. Include statistics and treatment suggestions.

Gender Roles and Differences

Reader's Guide

■ Main Idea

Females and males have physical and psychological gender differences. Our beliefs about what we think it means to be male or female influence our behavior.

■ Vocabulary

- gender identity
- gender role
- gender stereotype
- androgynous
- gender schema

■ Objectives

- Explain the difference between gender identity and gender role.
- Describe gender differences in personality and cognitive abilities.

EXPLORING PSYCHOLOGY

Boys Will Be Boys . . .

On the Oceanside playground I watched four boys from Miss Bailey's classroom start to climb up the "dirt pile" at the edge of the grassy playing field. As they climbed and compared the gripping power of their shoes, Matt suggested that they have a "falling contest; see who can fall the farthest," which they proceeded to do. . . .

In gestures of intimacy that one rarely sees among boys, girls stroke or comb their friends' hair. They notice and comment on one another's physical appearance such as haircuts or clothes, and they borrow and wear one another's sweatshirts or sweaters.

—from *Gender Play: Girls and Boys in School* by **Barrie Thorne**, 1993

Many people just take for granted the differences between boys and girls, claiming that "boys will be boys," or something similar. Pick up a magazine, turn on the TV, or look outside your window—gender stereotypes are everywhere. Some parents dress baby girls in pink and boys in blue, give them gender-specific names, and expect them to act differently.

The first question asked of new parents is "Is the baby a boy or a girl?" Your gender greatly influences how you dress, move, work, and play. It can influence your thoughts and others' thoughts about you. Are there significant psychological differences between males and females? Do children learn gender identities or are they born different?

GENDER ROLES

Gender identity and gender roles are two different, though closely related, aspects of our sexual lives. **Gender identity** is one's physical and biological makeup. It is your awareness of being male or female. Thus, if one has a vagina, one's gender identity is female; if a penis, male. Gender identity includes genetic traits we have inherited and may include some gender-linked behaviors as well. Between the ages of 2 and 3, most children learn to label themselves as boys or girls. By the age of 5, most children have learned the thoughts, expectations, and behaviors that accompany their gender role (Biernat & Wortman, 1991).

A person's **gender role** is defined partly by genetic makeup but mainly by the society and culture in which the individual lives. The gender role is a standard of how a person with a given gender identity is supposed to behave and includes the traditional behaviors that society expects of people because they are male or female. For example, in the United States, men were traditionally viewed as dominant, competitive, and emotionally reserved; women were viewed as submissive, cooperative, and emotionally responsive. These traits were considered appropriate for the different sexes. Today young people have a much broader view of what is appropriate behavior for males and females.

Gender roles vary from one society to another, and they can change over time within a given society. Gender roles give social meaning to gender identity. However, not all societies agree on the roles the sexes should assume. Indeed, anthropologists have found that some societies reverse the roles that Americans traditionally give to men and women, while others assign to both sexes what we might consider masculine or feminine roles. Not only do gender roles vary among societies, but they also may change radically within a society, as we are witnessing today in the United States and Canada.

Sometimes gender roles become so rigid that they become **gender stereotypes**. Gender stereotypes are oversimplified or prejudiced opinions and attitudes concerning the way men or women should behave. These stereotypes—that men should be rugged and women sensitive—have their roots deep in a time in our history when a division of labor was necessary for survival. Today, however, modern technology and birth control have freed women from duties associated with child rearing and childbearing for a large part of their lives. Sharp gender-role divisions are no longer necessary or appropriate, especially in the labor force. New concepts of what it means to be masculine and feminine are more widely accepted.

Given these changing standards of acceptable gender roles, psychologist Sandra Bem argues that people should accept new **androgynous** roles—that is, roles that involve a flexible combination of traditionally male and female characteristics. She began her research by asking college students how desirable they considered various characteristics for a man and for a woman. Not surprisingly, she found that traits such as ambition, self-reliance, independence, and assertiveness were considered to be desirable for men. It was desirable for women to be affectionate, gentle, understanding, and sensitive to the needs of others.

gender identity: the sex group (masculine or feminine) to which an individual biologically belongs

gender role: the set of behaviors that society considers appropriate for each sex

gender stereotype: an oversimplified or distorted generalization about the characteristics of men and women

 **Reading Check**
How do gender roles differ from gender stereotypes?

androgynous: combining or blending traditionally male and female characteristics



Figure 4.12 Gender Roles

Between the ages of 3 and 5, children gain ideas about which toys, clothes, or activities are appropriate for their gender.

When do children start labeling themselves as male or female?

These and other traits were then listed in a questionnaire called the Bem Sex Role Inventory. Bem asked people to rate how each of these traits applied to them on a scale from one (never or almost never true) to seven (always or almost always true). In one early report, Bem (1975) described the results for 1,500 Stanford undergraduates: about 50 percent stuck to traditional sex or gender roles (masculine males or feminine females), 15 percent were cross-sexed typed (women who described themselves in traditionally male terms or men who checked feminine adjectives), and 36 percent were considered androgynous, in that they checked off both male and female characteristics to describe themselves.

In later studies, Bem found that the people whose responses indicated androgynous preferences were indeed more flexible. Such women were able to be assertive when it was required, as could traditional males, but traditional females could not. Such people were also able to express warmth, playfulness, and concern, as could traditional females, but traditional males could not. In our complex world, Bem argues, androgyny should be our ideal: there is no room for an artificial split between our concepts of feminine and masculine roles.

Androgyny is becoming an accepted ideal in our culture. One consequence of this shift is that adolescents who are developing into adults have more choices in the way they define themselves in life. In some ways, this shift toward more freedom in gender roles has resulted in greater personal responsibility. No longer limited by rigid gender-role stereotypes, young people are challenged to define themselves according to their talents, temperaments, and values. At the same time, not all people accept

the more androgynous gender roles. Older people, especially, may still be guided by traditional ideas about gender roles.

GENDER DIFFERENCES

Psychologists have found that most people do see differences between genders. Are these differences, though, real or imagined? Are these differences the result of cultural stereotypes, or do they show up in the actual behaviors of boys and girls?

Gender Differences in Personality

Are there differences between the sexes? Studies have found that besides the obvious physical differences, differences between males and females do exist. It is important to note that these differences, though, exist between groups of males and females. Individuals may or may not exhibit these differences.

One study (Mednick & Thomas, 1993) found that males are more confident than females, especially in academic areas or in tasks stereotyped as masculine, such as math and science. Even when they achieve the same

grades as men, women perceive themselves as less competent than males. The self-confidence of females rises, though, when they perform tasks in which they receive clear and direct feedback on their performance, especially that which they complete alone.

Many studies have also found that aggression is one of the areas with the most significant differences between genders. (*Aggression* refers to hostile or destructive behavior.) Females engage in more verbal aggressive acts, while males participate in more physical aggression (Turner & Gervai, 1995). Some researchers propose that women also think differently about aggression (Kendrick, 1987). The women studied said they feel guilty or have more anxiety about the dangers involved in aggressive behavior.

Differences in aggressive behavior can be observed by watching children at play. Whereas males are more likely to use mock fighting and rough and tumble play, females tend to use indirect forms of aggression. This may include such things as talking about or rejecting, ignoring, or avoiding the target of aggression (Bjorkqvist, Lagerspetz, & Kaukianen, 1992).

What causes this physical aggression in boys? Starting at an early age, society encourages boys to be competitive and to settle conflicts through aggression. Evidence from studies of identical twins also indicates that men have lower levels of the neurotransmitter serotonin than women (Berman, Tracy, & Coccaro, 1997). Lower levels of serotonin have been associated with higher levels of aggression.

Another gender difference can often be detected in male and female communication styles. Although many popular stereotypes portray women as more talkative, studies have demonstrated that men actually talk more than women and interrupt women more while they are talking. Women talk more, though, when they have power in a relationship. Females are more likely to use *hedges* in speech, such as “kind of” or “you know.” Women also use more *disclaimers*, such as “I may be wrong” or “I’m not sure.” Finally, women use more *tag questions* at the end of sentences, such as “Okay?” (Lakoff, 1973; McMillan et al., 1977).

As far as nonverbal communication goes, women are more likely to show submission and warmth, whereas men display more dominance and status. More women than men, though, are sensitive to nonverbal cues (Briton & Hall, 1995).

Gender Differences in Cognitive Abilities

You may have heard someone claim that females are better than males at verbal skills, while males excel at spatial and mathematical skills. Janet Hyde and Marcia Linn (1988) examined 165 studies on verbal ability, finding that no measurable differences in verbal skills exist between males and females. If differences exist, they are relatively small. When researchers examined mathematical ability, they discovered no significant differences between male and female abilities.

Figure 4.13

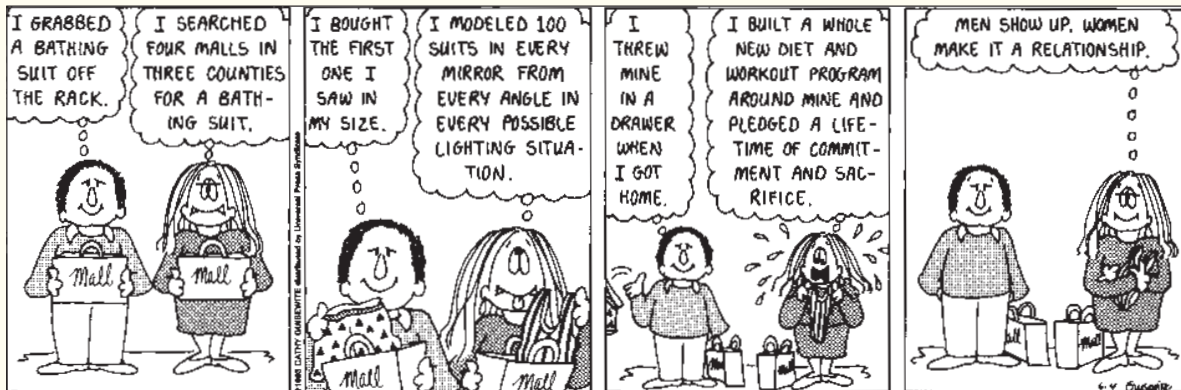
Gender in the Media

The media often target specific genders using stereotypes in their advertisements. This may help children form their ideals of what it means to be a male or female.

How might this doll advertisement reinforce gender stereotypes?



Girls are often described as concerned, sensitive, and nurturing; boys are viewed as controlling, aggressive, and independent. *How does this cartoon depict gender differences?*



When researchers examine specific topics and age trends, some differences do appear. For example, males and females perform about the same in problem solving until high school. At that point, males outperform females. Men also tend to do better than females on tests of spatial ability; however, women are better at tracking objects (see Figure 4.15).

In conclusion, there are very few cognitive differences between males and females. The studies mentioned above should not limit the participation of males and females in specific areas, or be used as a basis for discrimination. The studies fail to reflect individual differences of ability and do not reflect an individual's motivations, past history, and ambitions.

ORIGINS OF GENDER DIFFERENCES

How do differences in gender develop? How gender differences develop is one of the many questions that falls into the nature versus nurture issue. While some argue that differences between sexes are biological, others propose that we learn gender differences from our environment. Today most psychologists agree that nature and nurture interact to influence gender differences.

Biological Theory

The biological theory of gender role development emphasizes the role of anatomy, hormones, and brain organization. Supporters of this theory point out that regardless of what parents do, boys seem to prefer trucks, while girls prefer to play with dolls.

Supporters of this idea claim that differences in gender are the result of behaviors that evolved from early men and women. That is, men and women adopted certain behaviors throughout time in an attempt to

survive. For example, men increased their chances of finding a mate and reproducing by adopting dominant and aggressive traits, while women increased their chances of raising children by being concerned, warm, and sensitive. Therefore, certain genetic or biological traits were formed in men and women (Archer, 1997).

Psychoanalytical Theory

According to Sigmund Freud, when a child identifies with a parent of the same sex, gender identity results. Little boys identify with their fathers, while girls identify with their mothers. This identification process occurs when children are between 3 and 5 years of age. Critics argue that identification seems to be the result, rather than the cause, of gender typing (Maccoby, 1992).

Social Learning Theory

The social learning theory emphasizes the role of social and cognitive processes on how we perceive, organize, and use information. For example, children learn their gender roles by observing and imitating models, such as their parents, friends, peers, and teachers. These models respond to and reward certain behaviors in boys and different behaviors in girls.

For example, parents may buy rugged toy trucks for boys and soft dolls for girls. Parents may punish a girl for being outspoken and reward her for completing household chores. Parents may encourage a boy's high ambitions and independence. In effect, these parents are rewarding or discouraging behaviors, depending on whether these behaviors match their views of traditional male and female gender roles.

Cognitive-Developmental Theory

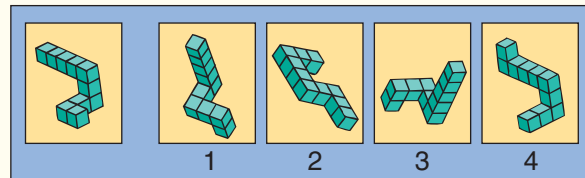
The cognitive-developmental theory proposes that children acquire gender roles by interacting with their environment and thinking about those experiences. As they do this, children learn different sets of standards for male and female behavior (Bem, 1981).

To learn about gender, a child must first see himself or herself as male or female. Then the child begins to organize behavior around this

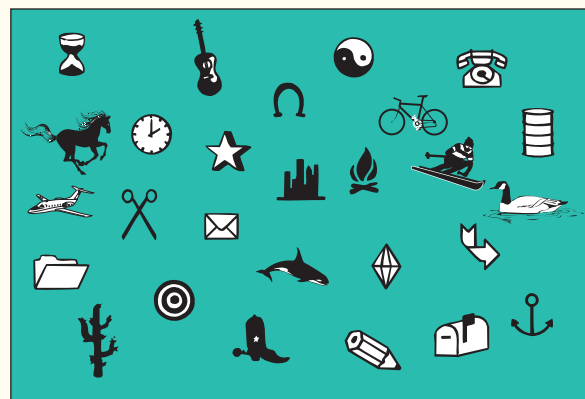
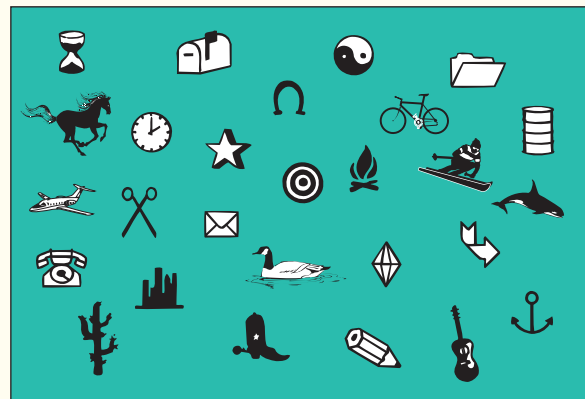
Figure 4.15

Test Yourself

Test A: Which two figures on the right are the same as the figure on the left? (Answers at bottom.)



Test B: Cover the bottom box. Carefully study the top box for 1 minute. Then cover the top box, uncover the bottom box, and follow the instructions below.



Now note each item that remains in its original spot and each item that has been moved.

Source: Shepard & Metzler, 1971.

Answer to Test A: Figures 1 and 3 are the same as the figure on the left.

When it comes to spatial abilities, some argue that women are better than men at tracking objects and that men are better at forming “mental maps.” In these tests, most men would find Test A easier, while most women find Test B easier. **How might biological theories explain gender differences of spatial ability?**

gender schema: a set of behaviors organized around how either a male or female should think and behave

concept. The child may begin to acquire preferences consistent with his or her perceived gender. For example, a boy watches a football game and then engages in rough play with another boy. Eventually that boy forms a gender schema. A **gender schema** is a mental representation of behavior that helps a child organize and categorize behaviors. For instance, a girl develops a schema of how a female should act and then behaves in accordance with that schema. The girl begins to play with dolls when she perceives that this behavior fits in with her notion of what kinds of toys girls play with. When she acts appropriately with the schema, her self-confidence rises. When she fails to act in accordance with her schema, she feels inadequate.

CHANGING GENDER ROLES

The roles of women and men in society are changing. For example, before the 1960s in the United States, few women sought careers. Most women grew up expecting to marry and quit work to raise children. By the mid-1980s, though, this had changed. Most women had jobs outside the home. For women and men, work provides income, as well as a sense of accomplishment.

Despite the fact that more women are in the workforce, studies have shown that, in general, women do not advance as quickly as men and women occupy lower levels of leadership positions. Industrial/organizational psychologists propose that the inequality in the workplace may be the result of several factors. Companies may discriminate against women. Many women interrupt their careers for child care and in doing so miss opportunities for promotion and salary increases. Also, men and women may differ in their ambition. That is, women may have been taught by society to set different goals.

SECTION 4

Assessment

- 1. Review the Vocabulary** What is a person's gender schema?
- 2. Visualize the Main Idea** Using an organizer similar to the one below, list and characterize three theories explaining the origins of gender differences.
- 3. Recall Information** According to the social learning theory, how do children learn gender roles?
- 4. Think Critically** Why might many people disagree with or oppose biological theories of gender differences?

Origins of Gender Differences	
I.	_____
II.	_____

- 5. Application Activity** Review a TV program, movie, Internet site, or advertisement. Analyze the gender roles portrayed, then answer the following question: What role do the media play in the development of gender stereotypes?

Summary and Vocabulary

Adolescence is the transition period between childhood and adulthood—a period of learning adult roles.

Section 1 Physical and Sexual Development

Main Idea: All adolescents experience dramatic changes in their physical size, shape, and capacities, as well as biological development related to reproduction.

- In his theory of adolescence, G. Stanley Hall portrayed the adolescent as existing in a state of great storm and stress. Other psychologists and social scientists, such as Margaret Mead, regard adolescence as a relatively smooth continuous development out of childhood and into adulthood.
- The onset of puberty marks the end of childhood; both boys and girls experience a growth spurt just before puberty.
- The rate and pattern of sexual maturation varies so widely that it is difficult to apply norms or standards to puberty.

Section 2 Personal Development

Main Idea: The transition from childhood to adulthood involves changes in patterns of reasoning and moral thinking, as well as the development of one's identity.

- During adolescence, most people reach the stage of formal operations thinking in which thinking becomes abstract and less concrete.
- According to Erik Erikson, building an identity is a task that is unique to adolescence; most adolescents must go through an identity crisis, a time of inner conflict during which they worry intensely about their identities.

Section 3 Social Development

Main Idea: Adolescents undergo many changes in their social relationships, adjusting to new relationships with parents and the new influence of peers.

- One of the principal developmental tasks for adolescents is becoming independent of their families.
- Belonging to a peer group fulfills the need for closeness with others and gives the adolescent a means of establishing an identity.
- Parents and peers exercise influence in shaping adolescent behavior and attitudes.

Section 4 Gender Roles and Differences

Main Idea: Females and males have physical and psychological gender differences. Our beliefs about what we think it means to be male or female influence our behavior.

- During adolescence, individuals develop attitudes about gender and expectations about the gender role they will fill.
- Most psychologists agree that nature and nurture interact to influence gender differences.
- The roles of men and women in society are changing.

Chapter Vocabulary

initiation rites (p. 94)
 puberty (p. 95)
 menarche (p. 96)
 spermarche (p. 96)
 asynchrony (p. 96)
 rationalization (p. 102)
 identity crisis (p. 105)
 social learning theory (p. 107)
 clique (p. 110)
 conformity (p. 111)
 anorexia nervosa (p. 114)
 bulimia nervosa (p. 115)
 gender identity (p. 117)
 gender role (p. 117)
 gender stereotype (p. 117)
 androgynous (p. 117)
 gender schema (p. 122)

PSYCHOLOGY *Online*



Self-Check Quiz

Visit the *Understanding Psychology* Web site at glencoe.com and click on **Chapter 4—Self-Check Quizzes** to prepare for the Chapter Test.

Reviewing Vocabulary

Choose the letter of the correct term or concept below to complete the sentence.

- | | |
|--------------------|---------------------------|
| a. puberty | f. social learning theory |
| b. asynchrony | g. clique |
| c. gender identity | h. conformity |
| d. gender role | i. gender stereotypes |
| e. identity crisis | j. anorexia nervosa |
- Belonging to a(n) _____ is important to most adolescents and serves several functions.
 - A person's physical and biological makeup is his or her _____.
 - According to Erik Erikson, adolescents go through a(n) _____, a time of inner conflict in which they worry about their identities.
 - _____ is an eating disorder in which an individual refuses to eat and loses weight.
 - The biological event that marks the end of childhood is _____.
 - Albert Bandura's belief that individuals develop by interacting with others is referred to as the _____ of development.
 - Feet that are too large for the body is an example of _____, or the condition of uneven growth or maturation of bodily parts.
 - A person's _____ is the standard of how a person with a given gender identity is supposed to behave.
 - Oversimplified or prejudiced opinions and attitudes concerning the way men or women should behave are called _____.
 - An adolescent's fear of being set apart from others leads to _____ among peer group members.

Recalling Facts

- Describe G. Stanley Hall's theory of adolescence. Does the research of Margaret Mead support his position? Explain.
- When Sandra Bem discusses androgyny, is she talking about gender role or gender identity?
- Explain what Jean Piaget means by *formal operations* thinking. How does this change in cognitive ability affect an adolescent?
- Use a chart similar to the one below to explain the identity formation theory of each of the following: Erik Erikson, James Marcia, Albert Bandura, and Margaret Mead.

Psychologist/Social Scientist	Theory of Identity Formation

- How does the biological theory of gender development explain the differences in gender?

Critical Thinking

- Evaluating Information** Write five words or phrases that, in your opinion, characterize adolescence. Then ask an adult to also write five words or phrases. What are the similarities and the differences? What are some reasons for the differences?
- Analyzing Information** Which of the developmental tasks of adolescence do you think is the most difficult? Explain your answer.
- Demonstrating Reasoned Judgment** Do you think an individual with an androgynous gender role is healthier than one with a traditional gender role? Explain your answer.
- Making Inferences** Erikson and Marcia insist that all adolescents experience an identity crisis. Do you agree? Explain your answer.
- Synthesizing Information** Identify three different cliques in your school. How would you characterize the people who belong to each group? What do you think keeps groups together?

Psychology Projects

- 1. Physical and Sexual Development** It has often been said that American culture is preoccupied with youthfulness. Find as many examples as you can of this in newspapers, magazines, radio, television, and popular music. Pay particular attention to advertising that emphasizes the marketing of youthful values. Cut out examples as evidence and compile a bulletin-board display.
- 2. Personal Development** Work with a partner to develop a skit of a situation that illustrates the conflict that Erik Erikson believes teenagers face in trying to be unique on the one hand and to fit in on the other hand. Present your skit to the class and discuss ways that teenagers can resolve this conflict.
- 3. Gender Roles and Differences** Review magazines and newspapers from the past 50 years to find examples of traditional gender roles and nontraditional roles. Clip or photocopy your examples and display them in a montage titled “Gender Roles—The Last 50 Years.” What do the pictures say about gender roles in this country in the past 50 years?



Technology Activity

During adolescence, young people begin to better understand abstract principles and often tend to become idealistic. Find out about issues that are facing your lawmakers today. Then find the e-mail addresses of your representatives and send an e-mail to them, expressing your views and your wishes for the way they should address the issues. Share any responses with the class.



Psychology Journal

Reread the journal entry that you wrote at the beginning of this chapter. Other social scientists have suggested that building an identity is a lifelong process and that changes to the identity occur throughout life. Write a journal entry that argues that building an identity is a lifelong process. Support your argument with evidence from the chapter as well as evidence from your own experience. Finally, reread both entries and write a short summary explaining whether you think one position is more valid than the other.

Building Skills

Interpreting a Graph Review the graphs below and then answer the questions that follow.

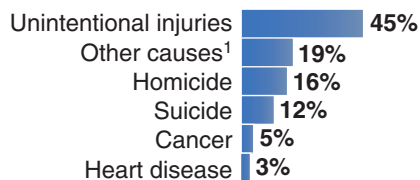


Practice and assess key social studies skills with **Glencoe Skillbuilder Interactive Workbook CD-ROM, Level 2**.

1. What is the major cause of death for people between the ages of 15 and 24?
2. How do the causes of death for the 15–24 age group compare to that of the 45–64 age group?
3. How do some of the thought processes of adolescents help explain the leading causes of death in young people?

Leading Causes of Death in the USA

Young People Ages 15–24



Adults 45–64



¹ – includes HIV disease, birth defects, stroke, pulmonary disease, flu, and diabetes

² – includes suicide, stroke, pulmonary ailments, infectious disease, HIV disease, and liver disease

Source: National Center for Health Statistics, Centers for Disease Control and Prevention, 2005.



See the **Skills Handbook**, page 628, for an explanation of interpreting graphs.

READINGS IN PSYCHOLOGY

Marya Hornbacher grew up in a comfortable, middle-class American home. At an early age, she remembers crying her heart out because she thought she was “fat.” By age nine, she was secretly bulimic; by age 15, anorexic. In this excerpt, taken from her memoirs *Wasted* (1998), Marya describes her illness.



Reader's Dictionary

virulence: extreme bitterness

cacophony: a harsh sound

belie: to show to be false or wrong

WASTED

BY MARYA HORNBACHER

I became bulimic at the age of nine, anorexic at the age of fifteen. I couldn't decide between the two and veered back and forth from one to the other until I was twenty, and now, at twenty-three, I am an interesting creature, an Eating Disorder Not Otherwise Specified. My weight has ranged over the past thirteen years from 135 pounds to 52, inching up and then plummeting back down. I have gotten “well,” then “sick,” then “well,” then “sicker,” and so on up to now; I am considered “moderately improved,” “psychologically stabilized, behaviorally disordered,” “prone to habitual relapse.” I have been hospitalized six times, institutionalized once, had endless hours of therapy, been tested and observed and diagnosed and pigeonholed and poked and prodded and fed and weighed for so long that I have begun to feel like a laboratory rat. . . .

I am not here to spill my guts and tell you about how awful it's been, that my daddy was mean and my mother was mean and some kid called me Fatso in the third grade, because none of the above is true. I am not going to repeat, at length, how eating disorders are “about control,” because we've all heard it. It's a buzzword, reductive, categorical, a tidy way of herding people into a mental quarantine and saying: *There. . . .* The question is really not *if* eating disorders are “neurotic” and indicate a glitch in the mind—even I would have a hard time justifying, rationally, the practice of starving oneself to death or feasting only to toss back the feast—but rather why; why this glitch, what flipped this switch, why so many of us? Why so easy a choice, this? Why now? Some toxin in the air? Some freak of nature that has turned women against their own bodies with a virulence unmatched in history, all of a sudden, with no cause? The individual does not exist outside of society. There are reasons why this is happening, and they do not lie in the mind alone.

This book is neither a tabloid tale of mysterious disease nor a testimony to a miracle cure. It's simply the story of one woman's travels to a darker side of reality, and her decision to make her way back. On her own terms.

My terms amount to cultural heresy. I had to say: I will eat what I want and look as I please and laugh as loud as I like and use the wrong fork and lick my knife. I had to learn strange and delicious lessons, lessons too few women learn: to love the thump of my steps, the implication of weight and presence and taking of space, to love my body's rebellious hungers, responses to touch, to understand myself as more than a brain attached to a bundle of bones. I have to ignore the cultural cacophony that singsongs all day long, Too much, too much, too much. . . .

I wrote this book because I believe some people will recognize themselves in it—eating disordered or not—and because I believe, perhaps naively, that they might be willing to change their own behavior, get help if they need it, entertain the notion that their bodies are acceptable, that they themselves are neither insufficient nor in excess. I wrote it because I disagree with much of what is generally believed about eating disorders, and wanted to put in my two cents, for whatever it's worth. I wrote it because people often dismiss eating disorders as manifestations of vanity, immaturity, madness. It is, in some ways, all of these things. But it is also an addiction. It is a response, albeit a rather twisted one, to a culture, a family, a self. I wrote this because I want to dispel two common and contradictory myths about eating disorders: that they are an insignificant problem, solved by a little therapy and a little pill and a pat on the head, a “stage” that “girls” go through—I know a girl whose psychiatrist told her that her bulimia was just part of “normal adolescent development”—and, conversely, that they must belie true insanity, that they only happen to “those people” whose brains are incurably flawed, that “those people” are hopelessly “sick.”

An eating disorder is not usually a phase, and it is not necessarily indicative of madness. It is quite maddening, granted, not only for the loved ones of the eating disordered person but also for the person herself. It is, at the most basic level, a bundle of deadly contradictions: a desire for power that strips you of all power. A gesture of strength that divests you of all strength. A wish to prove that you need nothing,

that you have no human hungers, which turns on itself and becomes a searing need for the hunger itself. It is an attempt to find an identity, but ultimately it strips you of any sense of yourself, save the sorry identity of “sick.” It is a grotesque mockery of cultural standards of beauty that winds up mocking no one more than you. It is a protest against cultural stereotypes of women that in the end makes you seem the weakest, the most needy and neurotic of all women. It is the thing you believe is keeping you safe, alive, contained—and in the end, of course, you find it's doing quite the opposite. These contradictions begin to split a person in two. Body and mind fall apart from each other, and it is in this fissure that an eating disorder may flourish, in the silence that surrounds this confusion that an eating disorder may fester and thrive. . . .

There were numerous methods of self-destruction available to me, countless outlets that could have channeled my drive, perfectionism, ambition, and an excess of general intensity, millions of ways in which I could have responded to a culture that I found highly problematic. I did not choose those ways. I chose an eating disorder. I cannot help but think that, had I lived in a culture where “thinness” was not regarded as a strange state of grace, I might have sought out another means of attaining that grace, perhaps one that would not have so seriously damaged my body, and so radically distorted my sense of who I am.



Analyzing the Reading

1. Why did the author write this?
2. According to the author, how do eating disorders rob the sufferer of an identity?
3. **Critical Thinking** What underlying causes of her disorder does the author reveal?