

Psychological & Behavioral changes of Adolescence

{ . . وَمَا تَوْفِيقِي إِلَّا بِاللَّهِ . . }

Objective	Color index
<ul style="list-style-type: none"> • Know the adolescence definition. • Know the physical changes in adolescence. • Know the behavioral changes in adolescence. • Know the emotional changes in adolescence. • Know the cognitive changes in adolescence. • Know the social changes in adolescence. 	<p>Black : Main content.</p> <p>Gray : Notes.</p> <p>Red : important.</p>

[Editing File](#)

Team Leaders

 Njoud Alali

 Abdullah shadid

What is Adolescence ?

- **Adolescence** is a period of global¹ & pervasive changes and not a matter of developmental crisis.
- Most of adolescents pass through it smoothly².
- Averagely, it expands between 12 & 18³ years of age.
- The period of adolescence lasts till the individual becomes a young man or woman (Bridge to the reproductive life).

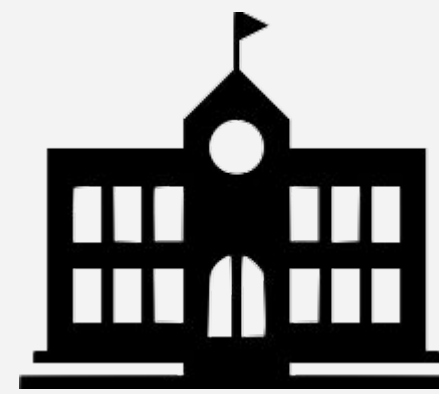
Context of adolescent development: (Factors that can affect adolescence, the main factor depends on the individual.)



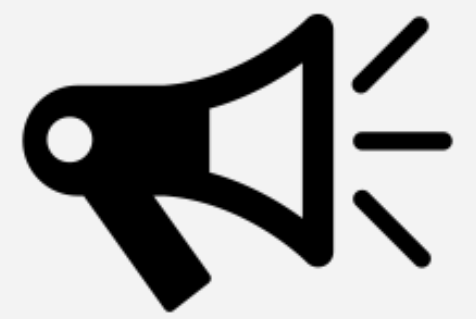
Family



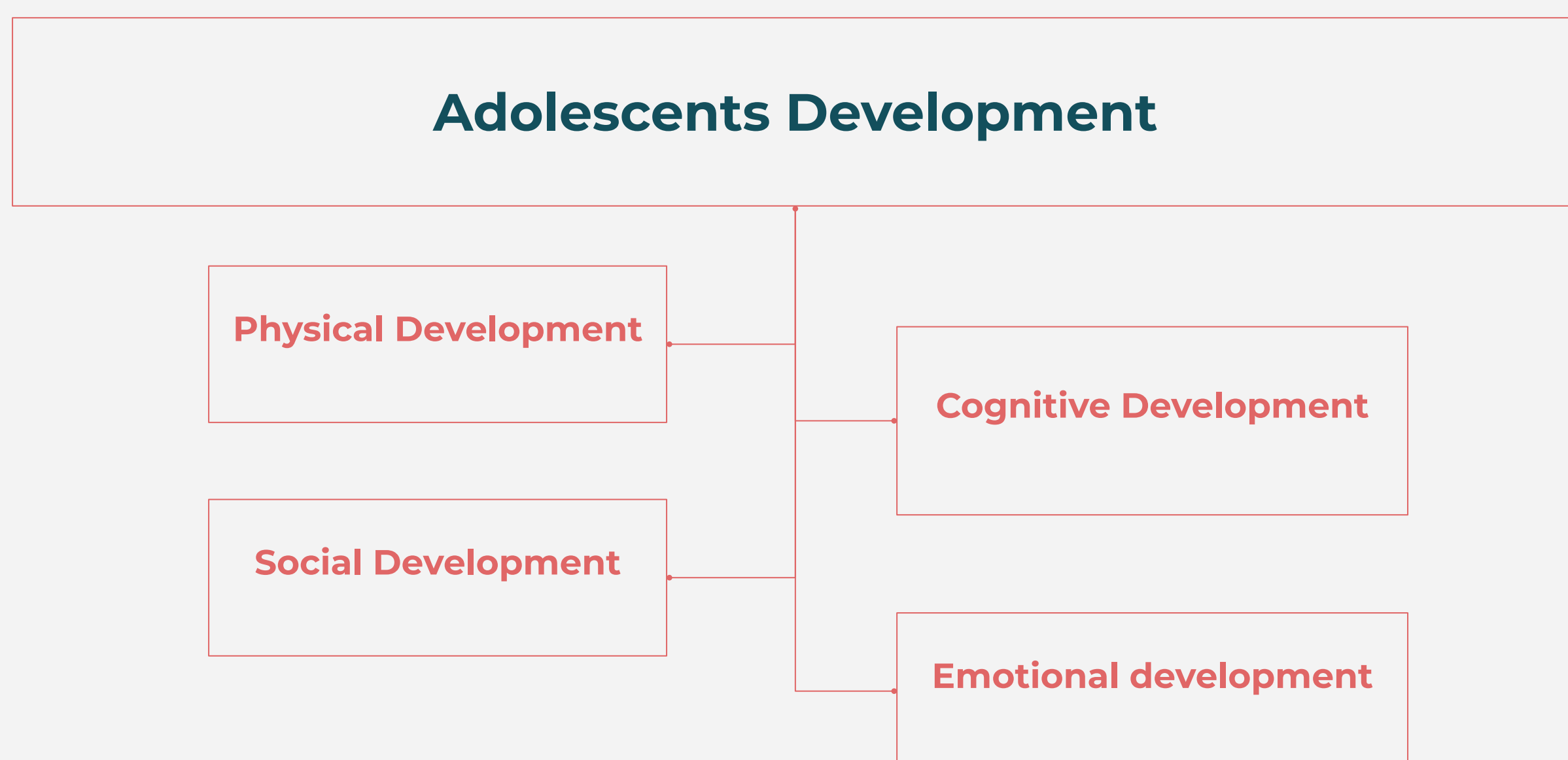
Friends & Peers



School



Media



1- Physical Development

Puberty

- Primary sexual characters (Gonadarche)
- Secondary sexual characters (Breast development in females, deepening of voice in males)
- Increased hormonal release (Secretion of Growth hormone, they always feel tired and sleepy)
- Fast & disproportional growth (frequent falls and things easily slip because of the fast growth of long bones "arms, thighs")
- Health status (Bad health because of junk food and inappropriate sleeping)

Psychological consequences of physical changes: (Because of acne, disproportion, and other changes)

- ❖ Embarrassment
- ❖ Sensitivity to criticism
- ❖ Social isolation
- ❖ Sadness (Hormonal changes, ideas thinking about, always feeling bored)
- ❖ Irritability



1. Means covering all the aspects of a person's life.
2. Could be difficult because of (problems between parents, temperamental issues).
3. Some people earlier and others in the 20s.

2- Cognitive Development (The most important to psychiatrist)

- IQ & special talents (They have stable IQ score, but they develop skills and talents).
- Attention span & concentration (Increase in attention).
- Perception & deep meanings (Thinking outside the box).
- Memorizing (Relates things in memorizing).
- **Day-dreams** (Stress relieving and future planning).
- Formal operational thinking.
- Idealism.
- Independence.
- **Identity** (Looking for an identity, what they want to be “interfering ideas”).

3- Social Development

“The conflict between the need to belong to a group and the need to be seen as unique and individual is the dominant struggle of adolescence “

Jeanne Elium

Social relationship during adolescence :

- Relationship with parents (Conflict & less time spent with family to ensure independency).
- Relationship with peers (Long talks)

4- Emotional development

- Extreme & inconsistent
- Impulsivity & recklessness
- **Anger outbursts & easily provocation**
- **Looking for self-assertion**
- Authority resistance
- Critical comments
- Love & romance (In the middle of adolescence they try to talk about the opposite gender, in late adolescence they try to build a relationship with the opposite gender).

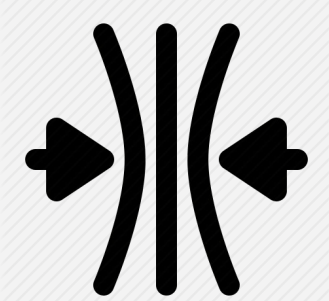
Skills needed preadolescence



Preparation



Understanding



Resilience



Respect



Friendship-Love expression

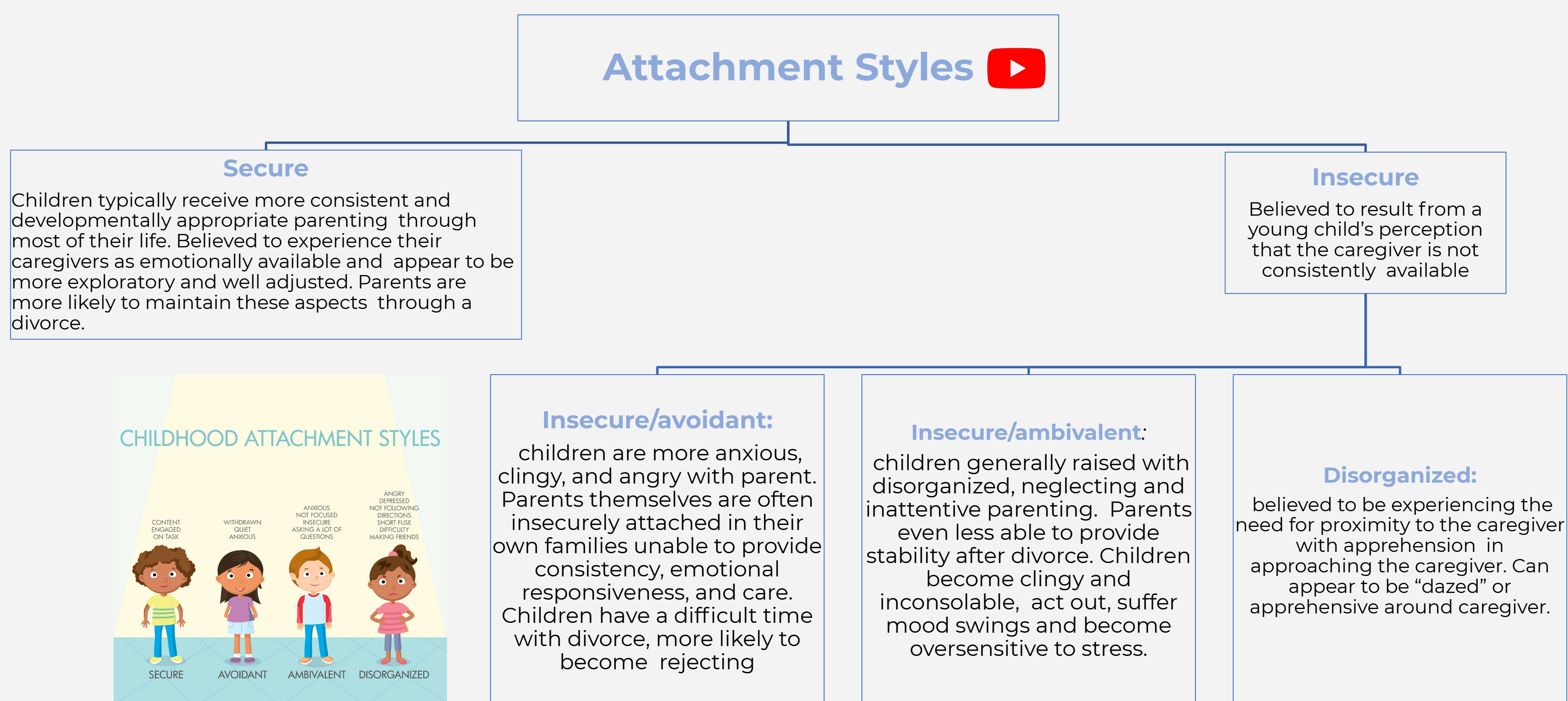


Social skills


(values, self-discipline, taking responsibility)

ATTACHMENT

- **Attachment:** Emotional tone developed between a child and its caregiver, evidenced by seeking and clinging behavior, developed within one year.
- **Attachment behaviour:** maintenance of physical contact between mother and child when child is hungry, frightened or in distress (coined by Bowlby)
- **Bonding:** The intense emotional and psychological relationship a mother develops with her baby, often through early skin-to-skin contact. Differs from attachment as mothers do not often seek out baby as source of security.
- **Temperament:** Constitutionally based individual differences in emotion, motor reactivity and self-regulation that demonstrate consistency across situations and over time. Biologically based: hereditary, neural and hormonal factors affect response to environment. Can be modulated by environmental factors and parental response

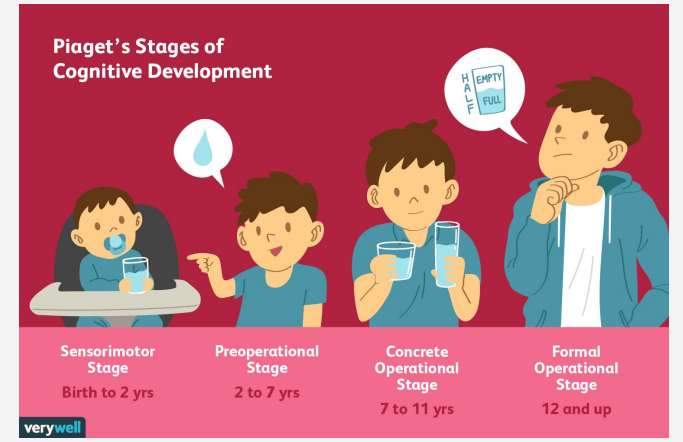


Contributing Theorists To Attachment Theory

Harlow 	Bowlby	Ainsworth
<ul style="list-style-type: none"> • Studied social learning and effect of social isolation on rhesus monkeys. • He placed newborn monkeys with a wire mother and feeding bottle and a terrycloth mother without feeding bottle (one variation). Monkeys spent more time with terrycloth mom except when hungry (and would return quickly after feeding). • When they were frightened, they would show intense clinging behaviour and appeared to be comforted by terrycloth monkey, whereas those with wire mother gained no comfort and appeared disorganized. • Results: infant attachment is not just secondary to feeding, all monkeys unable to adjust to life, had difficulty mating, and did not mother own children. 	<ul style="list-style-type: none"> • Suggested that attachment constituted a central motivating force and that mother-child attachment was an essential medium of human interaction • Believed attachment had important consequences for later development and personality functioning Coined term "attachment behaviour" • Believed attachment was essentially "monotropic" but that an infant could form attachment to father and other caregivers as well 	<ul style="list-style-type: none"> • Found that interaction between mother and baby during attachment period significantly influences baby's current and future behaviour • Confirmed that attachment serves to reduce anxiety in strange situation procedure • Secured base effect enables a child to move away from the attachment figure and explore the environment • Maternal sensitivity and responsiveness: main determinants of secure attachment • Infant temperament: main determinant of type of insecurity (avoidant, anxious and ambivalent) • Found male infants are less likely to have secure attachments and are more vulnerable to changes in maternal sensitivity than female infants • Found the attachment of firstborn child is decreased by the birth of a second, but it is decreased much more if the firstborn is 2-5 years of age when the younger sibling is born. Also depends on mother's own sense of security, confidence and mental health. • According to Ainsworth, disorganization is a severe form of insecure attachment and a possible precursor of severe personality disorder and dissociative phenomena in adolescence and early adulthood

THEORIES

Piaget's Stages Of Cognitive Development



Period of Development	Cognitive Spatial Stages	Cognitive Achievements
Gestational		Fetus can "learn" sounds and respond differently to them after birth
Infancy: Birth to 2 years Birth – 1 month 4 – 8 months 8 – 12 months 12 – 18 months 18 months – 2 years	Sensorimotor Reflective, egocentric (refuted by current research) Secondary circular: looks for objects partially hidden Secondary circulation coordinated: peek-a-boo, finds hidden objects Tertiary circular; explores properties and drops objects Mental representation, make-believe play, memory of objects	Infants "think with their eyes, ears and senses" Can learn to associate stroking with sucking Can learn to suck or to produce certain visual displays to music Can remember for one-month periods Memory improves Body parts used as objects Can stack one object within another Remembers hidden objects Drops objects over crib Knows animal sounds, names objects
Early Childhood: 2-5 y	Preoperational Egocentrism – "I want you to eat this too" Animistic: "I'm afraid of the moon" Lack of hierarchy: "where do these blocks go?" Centration: "I want it now, not a=er dinner" Irreversibility: "I don't know how to go back to that room" Transductive reasoning: "we have to go that way because that's the way daddy goes"	Preschoolers use symbols Development of language and make-believe No sign of logic 3y – can count 2-3 objects, know colors and age 4y – can fantasize without concrete props 5-6y – get humor, understand good and bad, can do some chores
Middle childhood 6-11 y	Concrete operational Hierarchical classification – arrange cars by types Reversibility – can play games backward and forward Conservation – lose two dimes and look for same Decentration – worry about small details, obsessive Spatial operations: likes models for directions Horizontal decalage – conservation of weight, logic Transitive inference – syllogisms, compare everything, brand names important	Children begin to think logically 7-11y – good memory, recall, can solve problems Understand conservation of matter (frozen milk same as melted) Can organize objects into hierarchies Children seem rational and organized
Adolescence: 11-19y	Formal operational Hypothetical-deductive reasoning: adolescent quick thinking or excuses Imaginary audience: everybody is looking at them Personal fable: inflated opinion of themselves Propositional thinking: logic	Abstraction and reason Can think of all possibilities

The Piaget stages of development is a blueprint that describes the stages of normal intellectual development, from infancy through adulthood. This includes thought, judgment, and knowledge. The stages were named after psychologist and developmental biologist Jean Piaget, who recorded the intellectual development and abilities of infants, children, and teens.

Mahler's Separation-individuation (not important)

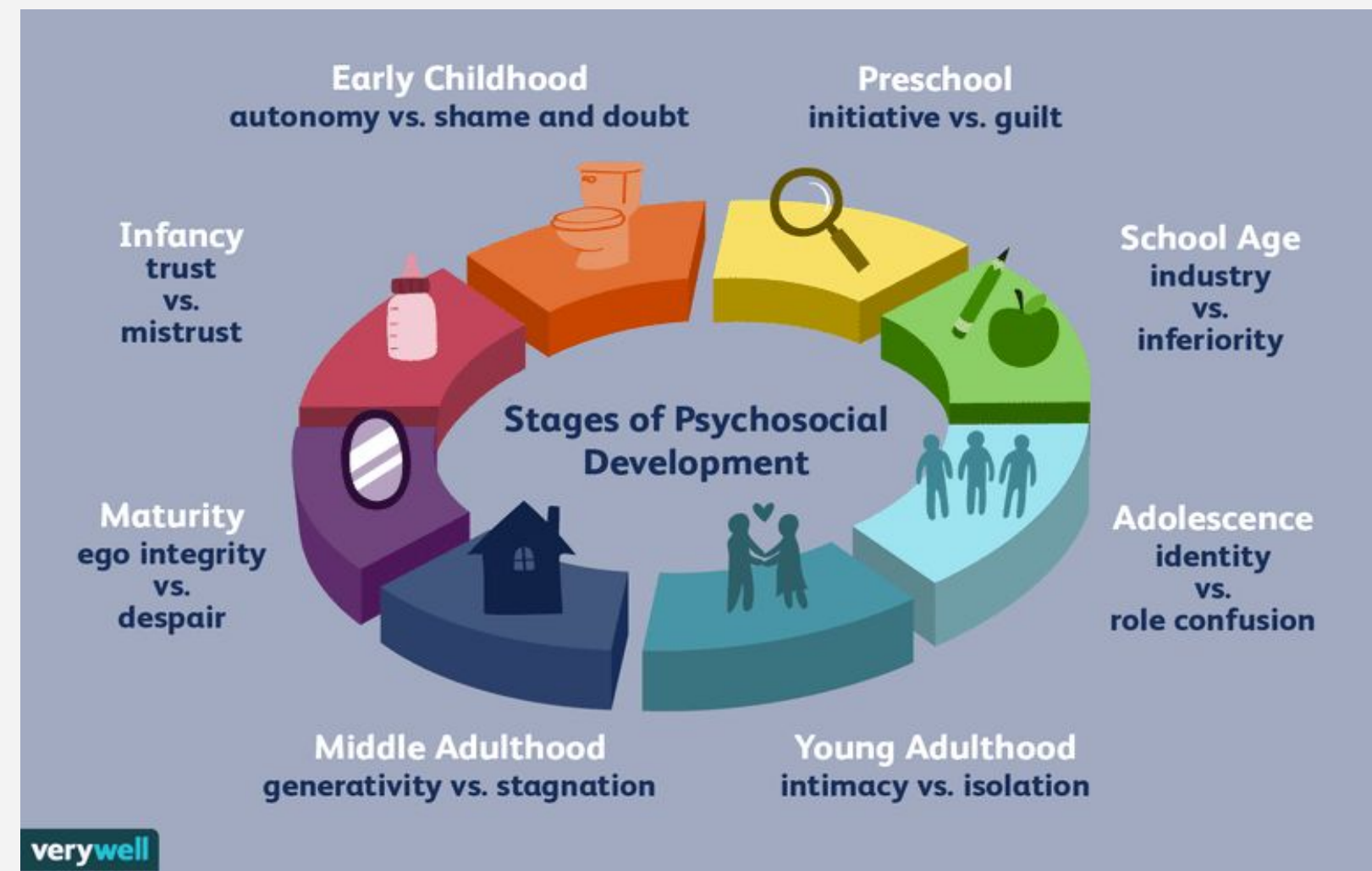
- **Normal autism (birth-2 mos)**
 - Periods of sleep outweigh periods of arousal in a state reminiscent of intrauterine life.
- **Symbiosis (2-5 mos)**
 - Developing perceptual abilities gradually enable infants to distinguish the inner from the outer world; mother-infant is perceived as a single fused entity.
- **Differentiation (5-10 mos)**
 - Progressive neurological development and increased alertness draw infants' attention away from self to the outer world. Physical and psychological distinctiveness from the mother is gradually appreciated.
- **Practicing (10-18 mos)**
 - The ability to move autonomously increases children's exploration of the outer world.
- **Rapprochement (18-24 mos)**
 - As children slowly realize their helplessness and dependence, the need for independence alternates with the need for closeness. Children move away from their mothers and come back for reassurance.

THEORIES

Erik Erikson's theory of psychosocial development



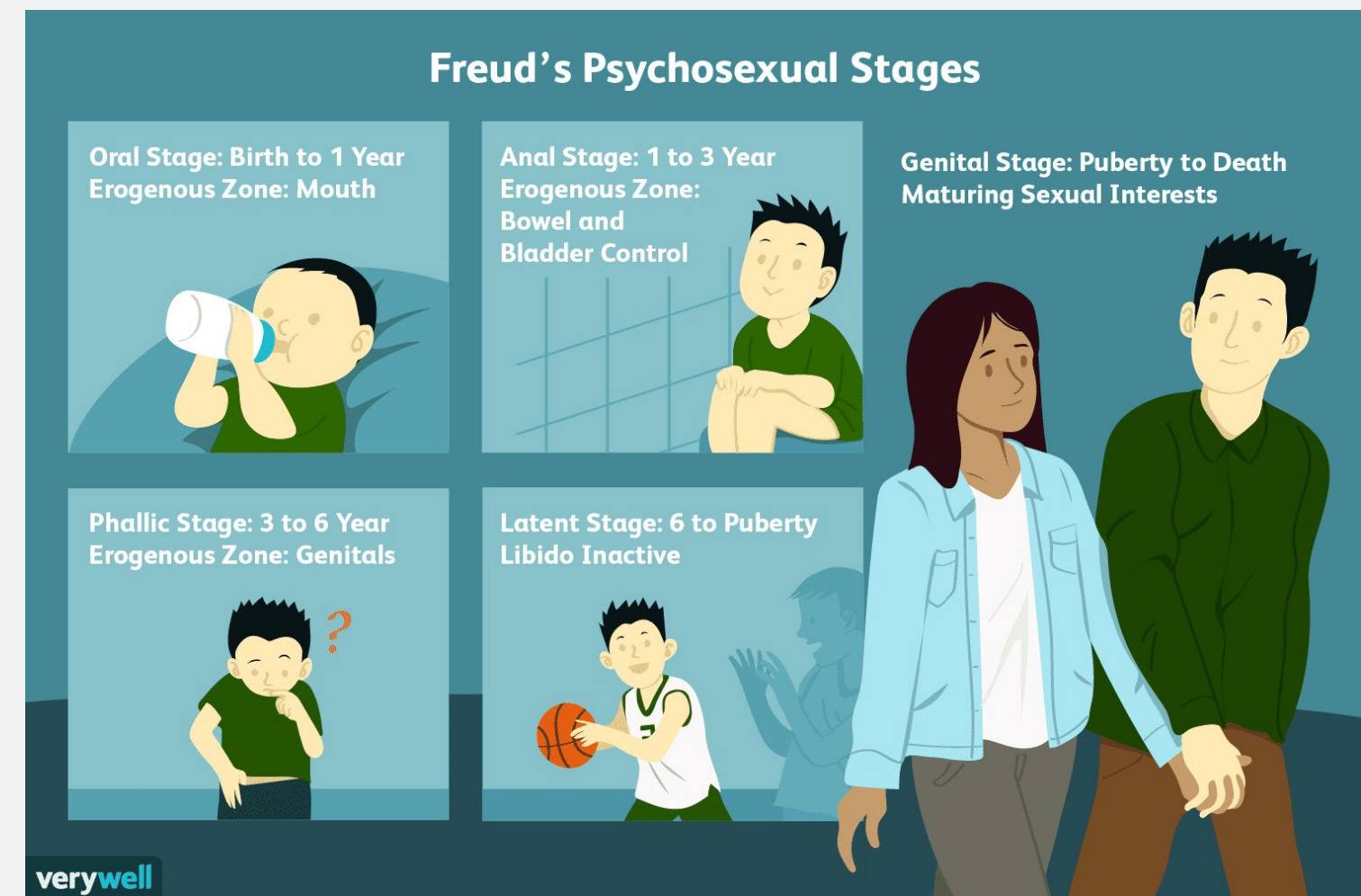
Age	Virtue	Psychosocial Crisis	Significant Others/Relationship	Existential Questions
0-2 years	Hopes	Basic Trust vs. Mistrust	Mother	Can I Trust the World?
2-4 years	Will	Autonomy vs. Shame and Doubt	Parents	Is It Okay To Be Me?
4-5 years	Purpose	Initiative vs. Guilt	Family	Is It Okay For Me To Do, Move and Act?
5-12 years	Competence	Industry vs. Inferiority	Neighbors, School	Can I Make It In The World Of People And Things?
13-19 years	Fidelity	Identity vs. Role Confusion	Peers, Role Model	Who Am I? What Can I Be?
20-39 years	Love	Intimacy vs. Isolation	Friends, Partners	Can I Love?
40-64 years	Care	Generativity vs. Stagnation	Household, Workmates	Can I Make My Life Count?
65-death	Wisdom	Ego Integrity vs. Despair	Mankind, My Kind	Is It Okay To Have Been Me?



Psychosexual Development Theory by Freud



Stage	Age	Id's Pleasure Focus	Signs in Adulthood that the Id Won
Oral	Birth-18 months	Oral gratification Sucking breast/bottle Placing things in mouth	Overeating Smoking Nail-biting
Anal	18 months – 3 yrs	Bowel Pleasure Resistance of Toilet Training	Meanness Resentment of Authority Neatness
Phallic	3-6 yrs	Awareness of sex organs Love-hate relationship with same-sex parents	Selfishness Manipulative Poor opposite sex relationships
Latency	6 yrs – puberty	Same-sex friends, few opposite sex friends	Lack of close friends
Genital	Adolscence	Dating and Marriage Sexual energy	Guilt about sexuality Feelings of inadequacy Poor sexual relationships



Comparison Of Stages Of Development

Instinctual Phases	Separation-Individuation	Object Relations	Psychosocial Crises(Erikson)
Oral	Autism, symbiosis	Primary narcissism, need-satisfying	Trust or mistrust
Anal	Differentiation, practicing, rapprochement	Need-satisfying, object constancy	Autonomy or shame, self-doubt
Phallic	Object constancy, Oedipal complex	Object constancy, ambivalence	Initiative or guilt
Latency	-	-	Industry or inferiority
Adolescence	Genitality, secondary individuation	Object love	Identity or identity confusion
Adulthood	Mature genitality	-	Intimacy or isolation, generativity or stagnation, integrity or despair

Quiz

1- Which of the following is false regarding cognitive development?

- A. Adolescents develop skills.
- B. IQ level increases with adolescence.
- C. Thinking outside the box.
- D. Independency.

2- Which one of the following is a primary sexual character?

- A. Gonadarche
- B. Axillary hair growth
- C. acne
- D. voice change

3- The cause of sadness in adolescents?

- A. Weight loss
- B. Disease
- C. Hormonal changes
- D. Family support

4- Adolescents prefer to spend more time with family?

- A. True
- B. False

5- Which one of the following characteristics of cognitive development happen during adolescence?

- A. Decrease in attention and concentration
- B. Day dreaming
- C. Increase intelligence
- D. Authority obedience

6-Which one of the following is related to emotional development in adolescence?

- A. Easily provocation
- B. Less emotion
- C. Consistent emotions
- D. Concrete thinking

7-What is the age of adolescent?

- A. 12-20
- B. 5-18
- C. 11-19
- D. 15-24

8- A 13 years old girl is seeing herself as an obese and ugly girl. Despite that, she is often going out with her friends, she has a good appetite and has no problem with her sleeping. The girl is?

- A. Depressed
- B. OCPD
- C. Has low thyroid hormone secretion
- D. Showing normal teenage behavior

Good luck!