



# Social and Personality Development in Childhood

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Childhood social and personality development emerges through the interaction of social influences, biological maturation, and the child's representations of the social world and the self. This interaction is illustrated in a discussion of the influence of significant relationships, the development of social understanding, the growth of personality, and the development of social and emotional competence in childhood.

## Learning Objectives

- Provide specific examples of how the interaction of social experience, biological maturation, and the child's representations of experience and the self provide the basis for growth in social and personality development.
- Describe the significant contributions of parent-child and peer relationships to the development of social skills and personality in childhood.
- Explain how achievements in social understanding occur in childhood. Moreover, do scientists believe that infants and young children are egocentric?
- Describe the association of temperament with personality development.
- Explain what is “social and emotional competence” and provide some examples of how it develops in childhood.

## Introduction

"How have I become the kind of person I am today?" Every adult ponders this question from time to time. The answers that readily come to mind include the influences of parents, peers, temperament, a moral compass, a strong sense of self, and sometimes critical life experiences such as parental divorce. Social and personality development encompasses these and many other influences on the growth of the person. In addition, it addresses questions that are at the heart of understanding how we develop as unique people. How much are we products of nature or nurture? How enduring are the influences of early experiences? The study of social and personality development offers perspective on these and other issues, often by showing how complex and multifaceted are the influences on developing children, and thus the intricate processes that have made you the person you are today (Thompson, 2006a).

Understanding social and personality development requires looking at children from three perspectives that interact to shape development. The first is the social context in which each child lives, especially the relationships that provide security, guidance, and knowledge. The second is biological maturation that supports developing social and emotional competencies and underlies temperamental individuality. The third is children's developing representations of themselves and the social world. Social and personality development is best understood as the continuous interaction between these social, biological, and representational aspects of psychological development.

## Relationships

This interaction can be observed in the development of the earliest relationships between infants and their parents in the first year. Virtually all infants living in normal circumstances develop strong emotional attachments to those who care for them. Psychologists believe that the development of these attachments is as biologically natural as learning to walk and not simply a byproduct of the parents' provision of food or warmth. Rather, attachments have



Humans are inherently social creatures. Mostly, we work, play, and live together in groups. [Image: The Daring Librarian, <https://goo.gl/LmA2pS>, CC BY-NC-SA 2.0, <https://goo.gl/Toc0ZF>]

evolved in humans because they promote children's motivation to stay close to those who care for them and, as a consequence, to benefit from the learning, security, guidance, warmth, and affirmation that close relationships provide (Cassidy, 2008).



One of the first and most important relationships is between mothers and infants. The quality of this relationship has an effect on later psychological and social development. [Image: Premnath Thirumalaisamy, <https://goo.gl/66BROf>, CC BY-NC 2.0, <https://goo.gl/FI1c2e>]

parents are simply poorly emotionally equipped to take on the responsibility of caring for a child.

The different behaviors of securely- and insecurely-attached infants can be observed especially when the infant needs the caregiver's support. To assess the nature of attachment, researchers use a standard laboratory procedure called the "Strange Situation," which involves brief separations from the caregiver (e.g., mother) (Solomon & George, 2008). In the Strange Situation, the caregiver is instructed to leave the child to play alone in a room for a short time, then return and greet the child while researchers observe the child's response. Depending on the child's level of attachment, he or she may reject the parent, cling to the parent, or simply welcome the parent—or, in some instances, react with an agitated combination of responses.

Infants can be securely or insecurely attached with mothers, fathers, and other regular caregivers, and they can differ in their security with different people. The **security of attachment** is an important cornerstone of social and personality development, because

Although nearly all infants develop emotional attachments to their caregivers--parents, relatives, nannies-- their sense of security in those attachments varies. Infants become *securely* attached when their parents respond sensitively to them, reinforcing the infants' confidence that their parents will provide support when needed. Infants become *insecurely* attached when care is inconsistent or neglectful; these infants tend to respond avoidantly, resistantly, or in a disorganized manner (Belsky & Pasco Fearon, 2008). Such insecure attachments are not necessarily the result of deliberately bad parenting but are often a byproduct of circumstances. For example, an overworked single mother may find herself overstressed and fatigued at the end of the day, making fully-involved childcare very difficult. In other cases, some

infants and young children who are securely attached have been found to develop stronger friendships with peers, more advanced emotional understanding and early conscience development, and more positive self-concepts, compared with insecurely attached children (Thompson, 2008). This is consistent with attachment theory's premise that experiences of care, resulting in secure or insecure attachments, shape young children's developing concepts of the self, as well as what people are like, and how to interact with them.

As children mature, parent-child relationships naturally change. Preschool and grade-school children are more capable, have their own preferences, and sometimes refuse or seek to compromise with parental expectations. This can lead to greater parent-child conflict, and how conflict is managed by parents further shapes the quality of parent-child relationships. In general, children develop greater competence and self-confidence when parents have high (but reasonable) expectations for children's behavior, communicate well with them, are warm and responsive, and use reasoning (rather than coercion) as preferred responses to children's misbehavior. This kind of parenting style has been described as **authoritative** (Baumrind, 2013). Authoritative parents are supportive and show interest in their kids' activities but are not overbearing and allow them to make constructive mistakes. By contrast, some less-constructive parent-child relationships result from authoritarian, uninvolved, or permissive parenting styles (see Table 1).

		Expectations/Control	
		Low	High
Warmth/ Responsiveness	Low	uninvolved	authoritarian
	High	permissive	authoritative

Table 1: Comparison of Four Parenting Styles

Parental roles in relation to their children change in other ways, too. Parents increasingly become mediators (or gatekeepers) of their children's involvement with peers and activities outside the family. Their communication and practice of values contributes to children's academic achievement, moral development, and activity preferences. As children reach adolescence, the parent-child relationship increasingly becomes one of "coregulation," in which both the parent(s) and the child recognizes the child's growing competence and

autonomy, and together they rebalance authority relations. We often see evidence of this as parents start accommodating their teenage kids' sense of independence by allowing them to get cars, jobs, attend parties, and stay out later.

Family relationships are significantly affected by conditions outside the home. For instance, the **Family Stress Model** describes how financial difficulties are associated with parents' depressed moods, which in turn lead to marital problems and poor parenting that contributes to poorer child adjustment (Conger, Conger, & Martin, 2010). Within the home, parental marital difficulty or divorce affects more than half the children growing up today in the United States. Divorce is typically associated with economic stresses for children and parents, the renegotiation of parent-child relationships (with one parent typically as primary custodian and the other assuming a visiting relationship), and many other significant adjustments for children. Divorce is often regarded by children as a sad turning point in their lives, although for most it is not associated with long-term problems of adjustment (Emery, 1999).

## Peer Relationships

Parent-child relationships are not the only significant relationships in a child's life. Peer relationships are also important. Social interaction with another child who is similar in age, skills, and knowledge provokes the development of many social skills that are valuable for the rest of life (Bukowski, Buhrmester, & Underwood, 2011). In peer relationships, children learn how to initiate and maintain social interactions with other children. They learn skills for managing conflict, such as turn-taking, compromise, and bargaining. Play also involves the mutual, sometimes complex, coordination of goals, actions, and understanding. For example, as infants, children get their first encounter with sharing (of each other's toys); during pretend play as preschoolers they create narratives together, choose roles, and collaborate to act out their stories; and in primary school, they may join a sports team, learning to work together and support each other



Peer relationships are particularly important for children. They can be supportive but also challenging. Peer rejection may lead to behavioral problems later in life. [Image: Twentyfour Students, <https://goo.gl/3IS2gV>, CC BY-SA 2.0, <https://goo.gl/jSSrcO>]

emotionally and strategically toward a common goal. Through these experiences, children develop friendships that provide additional sources of security and support to those provided by their parents.

However, peer relationships can be challenging as well as supportive (Rubin, Coplan, Chen, Bowker, & McDonald, 2011). Being accepted by other children is an important source of affirmation and self-esteem, but peer rejection can foreshadow later behavior problems (especially when children are rejected due to aggressive behavior). With increasing age, children confront the challenges of bullying, peer victimization, and managing conformity pressures. Social comparison with peers is an important means by which children evaluate their skills, knowledge, and personal qualities, but it may cause them to feel that they do not measure up well against others. For example, a boy who is not athletic may feel unworthy of his football-playing peers and revert to shy behavior, isolating himself and avoiding conversation. Conversely, an athlete who doesn't "get" Shakespeare may feel embarrassed and avoid reading altogether. Also, with the approach of adolescence, peer relationships become focused on psychological intimacy, involving personal disclosure, vulnerability, and loyalty (or its betrayal)—which significantly affects a child's outlook on the world. Each of these aspects of peer relationships requires developing very different social and emotional skills than those that emerge in parent-child relationships. They also illustrate the many ways that peer relationships influence the growth of personality and self-concept.

## Social Understanding

As we have seen, children's experience of relationships at home and the peer group contributes to an expanding repertoire of social and emotional skills and also to broadened social understanding. In these relationships, children develop expectations for specific people (leading, for example, to secure or insecure attachments to parents), understanding of how to interact with adults and peers, and developing self-concept based on how others respond to them. These relationships are also significant forums for emotional development.

Remarkably, young children begin developing social understanding very early in life. Before the end of the first year, infants are aware that other people have perceptions, feelings, and other mental states that affect their behavior, and which are different from the child's own mental states. This can be readily observed in a process called **social referencing**, in which an infant looks to the mother's face when confronted with an unfamiliar person or situation (Feinman, 1992). If the mother looks calm and reassuring, the infant responds positively as if the situation is safe. If the mother looks fearful or distressed, the infant is likely to respond with wariness or distress because the mother's expression signals danger. In a remarkably

insightful manner, therefore, infants show an awareness that even though they are uncertain about the unfamiliar situation, their mother is not, and that by “reading” the emotion in her face, infants can learn about whether the circumstance is safe or dangerous, and how to respond.

Although developmental scientists used to believe that infants are egocentric—that is, focused on their own perceptions and experience—they now realize that the opposite is true. Infants are aware at an early stage that people have different mental states, and this motivates them to try to figure out what others are feeling, intending, wanting, and thinking, and how these mental states affect their behavior. They are beginning, in other words, to develop a **theory of mind**, and although their understanding of mental states begins very simply, it rapidly expands (Wellman, 2011). For example, if an 18-month-old watches an adult try repeatedly to drop a necklace into a cup but inexplicably fail each time, they will immediately put the necklace into the cup themselves—thus completing what the adult intended, but failed, to do. In doing so, they reveal their awareness of the intentions underlying the adult’s behavior (Meltzoff, 1995). Carefully designed experimental studies show that by late in the preschool years, young children understand that another’s beliefs can be mistaken rather than correct, that memories can affect how you feel, and that one’s emotions can be hidden from others (Wellman, 2011). Social understanding grows significantly as children’s theory of mind develops.

How do these achievements in social understanding occur? One answer is that young children are remarkably sensitive observers of other people, making connections between their emotional expressions, words, and behavior to derive simple inferences about mental states (e.g., concluding, for example, that what Mommy is looking at is in her mind) (Gopnik, Meltzoff, & Kuhl, 2001). This is especially likely to occur in relationships with people whom the child knows well, consistent with the ideas of attachment theory discussed above. Growing language skills give young children words with which to represent these mental states (e.g., “mad,” “wants”) and talk about them with others. Thus in conversation with their parents about everyday experiences, children learn much about people’s mental states from how adults talk about them (“Your sister was sad because she thought Daddy was coming home.”) (Thompson, 2006b). Developing social understanding is, in other words, based on children’s everyday interactions with others and their careful interpretations of what they see and hear. There are also some scientists who believe that infants are biologically prepared to perceive people in a special way, as organisms with an internal mental life, and this facilitates their interpretation of people’s behavior with reference to those mental states (Leslie, 1994).

## Personality



Although a child's temperament is partly determined by genetics, environmental influences also contribute to shaping personality. Positive personality development is supported by a "good fit" between a child's natural temperament, environment and experiences. [Image: Thomas Hawk, <https://goo.gl/2Sg400>, CC BY NC 2.0, <https://goo.gl/FIic2e>]

& Thomas, 1999). For example, an adventurous child whose parents regularly take her on weekend hiking and fishing trips would be a good "fit" to her lifestyle, supporting personality growth. Personality is the result, therefore, of the continuous interplay between biological disposition and experience, as is true for many other aspects of social and personality development.

Personality develops from temperament in other ways (Thompson, Winer, & Goodvin, 2010). As children mature biologically, temperamental characteristics emerge and change over time. A newborn is not capable of much self control, but as brain-based capacities for self control advance, temperamental changes in self regulation become more apparent. For example, a newborn who cries frequently doesn't necessarily have a grumpy personality; over time, with sufficient parental support and increased sense of security, the child might be less likely to cry.

In addition, personality is made up of many other features besides temperament. Children's developing self concept, their motivations to achieve or to socialize, their values and goals, their coping styles, their sense of responsibility and conscientiousness, and many other qualities are encompassed into personality. These qualities are influenced by biological dispositions, but even more by the child's experiences with others, particularly in close

Parents look into the faces of their newborn infants and wonder, "What kind of person will this child will become?" They scrutinize their baby's preferences, characteristics, and responses for clues of a developing personality. They are quite right to do so, because temperament is a foundation for personality growth. But **temperament** (defined as early emerging differences in reactivity and self regulation) is not the whole story. Although temperament is biologically based, it interacts with the influence of experience from the moment of birth (if not before) to shape personality (Rothbart, 2011). Temperamental dispositions are affected, for example, by the support level of parental care. More generally, personality is shaped by the **goodness of fit** between the child's temperamental qualities and characteristics of the environment (Chess

~~relationships, that guide the growth of individual characteristics.~~

~~Indeed, personality development begins with the biological foundations of temperament but becomes increasingly elaborated, extended, and refined over time. The newborn that parents gazed upon thus becomes an adult with a personality of depth and nuance.~~

## Social and Emotional Competence

Social and personality development is built from the social, biological, and representational influences discussed above. These influences result in important developmental outcomes that matter to children, parents, and society: a young adult's capacity to engage in socially constructive actions (helping, caring, sharing with others), to curb hostile or aggressive impulses, to live according to meaningful moral values, to develop a healthy identity and sense of self, and to develop talents and achieve success in using them. These are some of the developmental outcomes that denote social and emotional competence.

These achievements of social and personality development derive from the interaction of many social, biological, and representational influences. Consider, for example, the development of conscience, which is an early foundation for moral development. **Conscience** consists of the cognitive, emotional, and social influences that cause young children to create and act consistently with internal standards of conduct (Kochanska, 2002). Conscience emerges from young children's experiences with parents, particularly in the development of a mutually responsive relationship that motivates young children to respond constructively to the parents' requests and expectations. Biologically based temperament is involved, as some children are temperamentally more capable of motivated self-regulation (a quality called **effortful control**) than are others, while some children are dispositionally more prone to the fear and anxiety that parental disapproval can evoke. Conscience development grows through a good fit between the child's temperamental qualities and how parents communicate and reinforce behavioral expectations. Moreover, as an illustration of the interaction of genes and experience, one research group found that young children with a particular gene allele (the 5-HTLPR) were low on measures of conscience development when they had previously experienced unresponsive maternal care, but children with the same allele growing up with responsive care showed strong later performance on conscience measures (Kochanska, Kim, Barry, & Philibert, 2011).

Conscience development also expands as young children begin to represent moral values and think of themselves as moral beings. By the end of the preschool years, for example, young children develop a "moral self" by which they think of themselves as people who want to do

the right thing, who feel badly after misbehaving, and who feel uncomfortable when others misbehave. In the development of conscience, young children become more socially and emotionally competent in a manner that provides a foundation for later moral conduct (Thompson, 2012).

The development of gender and gender identity is likewise an interaction among social, biological, and representational influences (Ruble, Martin, & Berenbaum, 2006). Young children learn about gender from parents, peers, and others in society, and develop their own conceptions of the attributes associated with maleness or femaleness (called **gender schemas**). They also negotiate biological transitions (such as puberty) that cause their sense of themselves and their sexual identity to mature.

Each of these examples of the growth of social and emotional competence illustrates not only the interaction of social, biological, and representational influences, but also how their development unfolds over an extended period. Early influences are important, but not determinative, because the capabilities required for mature moral conduct, gender identity, and other outcomes continue to develop throughout childhood, adolescence, and even the adult years.



Social influences such as cultural norms impact children's interests, dress, style of speech and even life aspirations. [Image: Amanda Westmont, <https://goo.gl/ntS5qx>, CC BY-NC-SA 2.0, <https://goo.gl/Toc0ZF>]

## Conclusion

As the preceding sentence suggests, social and personality development continues through adolescence and the adult years, and it is influenced by the same constellation of social, biological, and representational influences discussed for childhood. Changing social relationships and roles, biological maturation and (much later) decline, and how the individual represents experience and the self continue to form the bases for development throughout life. In this respect, when an adult looks forward rather than retrospectively to ask, "what kind of person am I becoming?"—a similarly fascinating, complex, multifaceted interaction of developmental processes lies ahead.



# Adolescent Development

Jennifer Lansford

Adolescence is a period that begins with puberty and ends with the transition to adulthood (approximately ages 10–20). Physical changes associated with puberty are triggered by hormones. Cognitive changes include improvements in complex and abstract thought, as well as development that happens at different rates in distinct parts of the brain and increases adolescents' propensity for risky behavior because increases in sensation-seeking and reward motivation precede increases in cognitive control. Adolescents' relationships with parents go through a period of redefinition in which adolescents become more autonomous, and aspects of parenting, such as distal monitoring and psychological control, become more salient. Peer relationships are important sources of support and companionship during adolescence yet can also promote problem behaviors. Same-sex peer groups evolve into mixed-sex peer groups, and adolescents' romantic relationships tend to emerge from these groups. Identity formation occurs as adolescents explore and commit to different roles and ideological positions. Nationality, gender, ethnicity, socioeconomic status, religious background, sexual orientation, and genetic factors shape how adolescents behave and how others respond to them, and are sources of diversity in adolescence.

## Learning Objectives

- Describe major features of physical, cognitive, and social development during adolescence.
- Understand why adolescence is a period of heightened risk taking.
- Be able to explain sources of diversity in adolescent development.

## Adolescence Defined



Adolescence is often characterized as a period of transformation, primarily, in terms of physical, cognitive, and social-relational change. [Image: Alex Proimos, <https://goo.gl/1jqpnl>, CC BY-NC 2.0, <https://goo.gl/VnKIK8>]

beginning of adulthood, and all of these transitions happen, on average, later now than in the past. In fact, the prolonging of adolescence has prompted the introduction of a new developmental period called *emerging adulthood* that captures these developmental changes out of adolescence and into adulthood, occurring from approximately ages 18 to 29 (Arnett, 2000).

This module will outline changes that occur during adolescence in three domains: physical, cognitive, and social. Within the social domain, changes in relationships with parents, peers, and romantic partners will be considered. Next, the module turns to adolescents' psychological and behavioral adjustment, including identity formation, aggression and antisocial behavior, anxiety and depression, and academic achievement. Finally, the module summarizes sources of diversity in adolescents' experiences and development.

### Physical Changes

Adolescence is a developmental stage that has been defined as starting with puberty and ending with the transition to adulthood (approximately ages 10–20). Adolescence has evolved historically, with evidence indicating that this stage is lengthening as individuals start puberty earlier and transition to adulthood later than in the past. Puberty today begins, on average, at age 10–11 years for girls and 11–12 years for boys. This average age of onset has decreased gradually over time since the 19th century by 3–4 months per decade, which has been attributed to a range of factors including better nutrition, obesity, increased father absence, and other environmental factors (Steinberg, 2013). Completion of formal education, financial independence from parents, marriage, and parenthood have all been markers of the end of adolescence and

Physical changes of puberty mark the onset of adolescence (Lerner & Steinberg, 2009). For both boys and girls, these changes include a growth spurt in height, growth of pubic and underarm hair, and skin changes (e.g., pimples). Boys also experience growth in facial hair and a deepening of their voice. Girls experience breast development and begin menstruating. These pubertal changes are driven by hormones, particularly an increase in testosterone for boys and estrogen for girls.

## Cognitive Changes

Major changes in the structure and functioning of the brain occur during adolescence and result in cognitive and behavioral developments (Steinberg, 2008). Cognitive changes during adolescence include a shift from concrete to more abstract and complex thinking. Such changes are fostered by improvements during early adolescence in attention, memory, processing speed, and metacognition (ability to think about thinking and therefore make better use of strategies like mnemonic devices that can improve thinking). Early in adolescence, changes in the brain's dopaminergic system contribute to increases in adolescents' sensation seeking and reward motivation. Later in adolescence, the brain's cognitive control centers in the prefrontal cortex develop, increasing adolescents' self regulation and future orientation. The difference in timing of the development of these different regions of the brain contributes to more risk taking during middle adolescence because adolescents are motivated to seek thrills that sometimes come from risky behavior, such as reckless driving, smoking, or drinking, and have not yet developed the cognitive control to resist impulses or focus equally on the potential risks (Steinberg, 2008). One of the world's leading experts on adolescent development, Laurence Steinberg, likens this to engaging a powerful engine before the braking system is in place. The result is that adolescents are more prone to risky behaviors than are children or adults.



Dopamine is a neurotransmitter in the brain that produces feelings of pleasure. During adolescence, people tend to do whatever activities produce the most dopamine, without fully considering the consequences of such actions. [Image: CC0 Public Domain, <https://goo.gl/m25gce>]

## Social Changes

### Parents

Although peers take on greater importance during adolescence, family relationships remain important too. One of the key changes during adolescence involves a renegotiation of parent-child relationships. As adolescents strive for more independence and autonomy during this time, different aspects of parenting become more salient. For example, parents' distal supervision and monitoring become more important as adolescents spend more time away from parents and in the presence of peers. Parental monitoring encompasses a wide range of behaviors such as parents' attempts to set rules and know their adolescents' friends, activities, and whereabouts, in addition to adolescents' willingness to disclose information to their parents (Stattin & Kerr, 2000). **Psychological control**, which involves manipulation and intrusion into adolescents' emotional and cognitive world through invalidating adolescents' feelings and pressuring them to think in particular ways (Barber, 1996), is another aspect of parenting that becomes more salient during adolescence and is related to more problematic adolescent adjustment.

### Peers



Peer relationships are a big part of adolescent development. The influence of peers can be both positive and negative as adolescents experiment together with identity formation and new experiences. [Image: CC0 Public Domain, <https://goo.gl/m25gce>]

As children become adolescents, they usually begin spending more time with their peers and less time with their families, and these peer interactions are increasingly unsupervised by adults. Children's notions of friendship often focus on shared activities, whereas adolescents' notions of friendship increasingly focus on intimate exchanges of thoughts and feelings. During adolescence, peer groups evolve from primarily single-sex to mixed-sex. Adolescents within a peer group tend to be similar to one another in behavior and attitudes, which has been explained as being a function of **homophily** (adolescents who are similar to one another choose to spend time together in a "birds of a feather flock")

together" way) and influence (adolescents who spend time together shape each other's behavior and attitudes). One of the most widely studied aspects of adolescent peer influence is known as **deviant peer contagion** (Dishion & Tipsord, 2011), which is the process by which peers reinforce problem behavior by laughing or showing other signs of approval that then increase the likelihood of future problem behavior.

Peers can serve both positive and negative functions during adolescence. Negative peer pressure can lead adolescents to make riskier decisions or engage in more problematic behavior than they would alone or in the presence of their family. For example, adolescents are much more likely to drink alcohol, use drugs, and commit crimes when they are with their friends than when they are alone or with their family. However, peers also serve as an important source of social support and companionship during adolescence, and adolescents with positive peer relationships are happier and better adjusted than those who are socially isolated or have conflictual peer relationships.

**Crowds** are an emerging level of peer relationships in adolescence. In contrast to friendships (which are reciprocal dyadic relationships) and cliques (which refer to groups of individuals who interact frequently), crowds are characterized more by shared reputations or images than actual interactions (Brown & Larson, 2009). These crowds reflect different prototypic identities (such as jocks or brains) and are often linked with adolescents' social status and peers' perceptions of their values or behaviors.

## Romantic relationships

Adolescence is the developmental period during which romantic relationships typically first emerge. Initially, same-sex peer groups that were common during childhood expand into mixed-sex peer groups that are more characteristic of adolescence. Romantic relationships often form in the context of these mixed-sex peer groups (Connolly, Furman, & Konarski, 2000). Although romantic relationships during adolescence are often short-lived rather than long-term committed partnerships, their importance should not be minimized. Adolescents spend a great deal of time focused on romantic relationships, and their positive and negative emotions are more tied to romantic relationships (or lack thereof) than to friendships, family relationships, or school (Furman & Shaffer, 2003). Romantic relationships contribute to adolescents' identity formation, changes in family and peer relationships, and adolescents' emotional and behavioral adjustment.

Furthermore, romantic relationships are centrally connected to adolescents' emerging sexuality. Parents, policymakers, and researchers have devoted a great deal of attention to

adolescents' sexuality, in large part because of concerns related to sexual intercourse, contraception, and preventing teen pregnancies. However, sexuality involves more than this narrow focus. For example, adolescence is often when individuals who are lesbian, gay, bisexual, or transgender come to perceive themselves as such (Russell, Clarke, & Clary, 2009). Thus, romantic relationships are a domain in which adolescents experiment with new behaviors and identities.

## Behavioral and Psychological Adjustment

### Identity formation

Theories of adolescent development often focus on identity formation as a central issue. For example, in Erikson's (1968) classic theory of developmental stages, identity formation was highlighted as the primary indicator of successful development during adolescence (in contrast to role confusion, which would be an indicator of not successfully meeting the task of adolescence). Marcia (1966) described identify formation during adolescence as involving both decision points and commitments with respect to ideologies (e.g., religion, politics) and occupations. He described four identity statuses: foreclosure, identity diffusion, moratorium, and identity achievement. **Foreclosure** occurs when an individual commits to an identity without exploring options. **Identity diffusion** occurs when adolescents neither explore nor commit to any identities. **Moratorium** is a state in which adolescents are actively exploring options but have not yet made commitments. **Identity achievement** occurs when individuals have explored different options and then made identity commitments. Building on this work, other researchers have investigated more specific aspects of identity. For example, Phinney (1989) proposed a model of ethnic identity development that included stages of unexplored ethnic identity, ethnic identity search, and achieved ethnic identity.



Early, antisocial behavior leads to befriending others who also engage in antisocial behavior, which only perpetuates the downward cycle of aggression and wrongful acts. [Image: Philippe Put, <https://goo.gl/14H7HL>, CC BY 2.0, <https://goo.gl/BRvSA7>]

## Aggression and antisocial behavior

Several major theories of the development of antisocial behavior treat adolescence as an important period. Patterson's (1982) early versus late starter model of the development of aggressive and antisocial behavior distinguishes youths whose antisocial behavior begins during childhood (early starters) versus adolescence (late starters). According to the theory, early starters are at greater risk for long-term antisocial behavior that extends into adulthood than are late starters. Late starters who become antisocial during adolescence are theorized to experience poor parental monitoring and supervision, aspects of parenting that become more salient during adolescence. Poor monitoring and lack of supervision contribute to increasing involvement with deviant peers, which in turn promotes adolescents' own antisocial behavior. Late starters desist from antisocial behavior when changes in the environment make other options more appealing. Similarly, Moffitt's (1993) life-course persistent versus adolescent-limited model distinguishes between antisocial behavior that begins in childhood versus adolescence. Moffitt regards adolescent-limited antisocial behavior as resulting from a "maturity gap" between adolescents' dependence on and control by adults and their desire to demonstrate their freedom from adult constraint. However, as they continue to develop, and legitimate adult roles and privileges become available to them, there are fewer incentives to engage in antisocial behavior, leading to desistance in these antisocial behaviors.

## Anxiety and depression

Developmental models of anxiety and depression also treat adolescence as an important period, especially in terms of the emergence of gender differences in prevalence rates that persist through adulthood (Rudolph, 2009). Starting in early adolescence, compared with males, females have rates of anxiety that are about twice as high and rates of depression that are 1.5 to 3 times as high (American Psychiatric Association, 2013). Although the rates vary across specific anxiety and depression diagnoses, rates for some disorders are markedly higher in adolescence than in childhood or adulthood. For example, prevalence rates for specific phobias are about 5% in children and 3%–5% in adults but 16% in adolescents. Anxiety and depression are particularly concerning because suicide is one of the leading causes of death during adolescence. Developmental models focus on interpersonal contexts in both childhood and adolescence that foster depression and anxiety (e.g., Rudolph, 2009). Family adversity, such as abuse and parental psychopathology, during childhood sets the stage for social and behavioral problems during adolescence. Adolescents with such problems generate stress in their relationships (e.g., by resolving conflict poorly and excessively seeking reassurance) and select into more maladaptive social contexts (e.g., "misery loves company" scenarios in which depressed youths select other depressed youths as friends and then

frequently co-ruminate as they discuss their problems, exacerbating negative affect and stress). These processes are intensified for girls compared with boys because girls have more relationship-oriented goals related to intimacy and social approval, leaving them more vulnerable to disruption in these relationships. Anxiety and depression then exacerbate problems in social relationships, which in turn contribute to the stability of anxiety and depression over time.

## Academic achievement

Adolescents spend more waking time in school than in any other context (Eccles & Roeser, 2011). Academic achievement during adolescence is predicted by interpersonal (e.g., parental engagement in adolescents' education), intrapersonal (e.g., intrinsic motivation), and institutional (e.g., school quality) factors. Academic achievement is important in its own right as a marker of positive adjustment during adolescence but also because academic achievement sets the stage for future educational and occupational opportunities. The most serious consequence of school failure, particularly dropping out of school, is the high risk of unemployment or underemployment in adulthood that follows. High achievement can set the stage for college or future vocational training and opportunities.

## Diversity



Although similar biological changes occur for all adolescents as they enter puberty, these changes can differ significantly depending on one's cultural, ethnic, and societal factors. [Image: CC0 Public Domain, <https://goo.gl/m25gce>]

Adolescent development does not necessarily follow the same pathway for all individuals. Certain features of adolescence, particularly with respect to biological changes associated with puberty and cognitive changes associated with brain development, are relatively universal. But other features of adolescence depend largely on circumstances that are more environmentally variable. For example, adolescents growing up in one country might have different opportunities for risk taking than adolescents in a different country, and supports and sanctions for different behaviors in adolescence depend on laws and values that might be specific to where adolescents live. Likewise, different cultural

norms regarding family and peer relationships shape adolescents' experiences in these domains. For example, in some countries, adolescents' parents are expected to retain control over major decisions, whereas in other countries, adolescents are expected to begin sharing in or taking control of decision making.

Even within the same country, adolescents' gender, ethnicity, immigrant status, religion, sexual orientation, socioeconomic status, and personality can shape both how adolescents behave and how others respond to them, creating diverse developmental contexts for different adolescents. For example, early puberty (that occurs before most other peers have experienced puberty) appears to be associated with worse outcomes for girls than boys, likely in part because girls who enter puberty early tend to associate with older boys, which in turn is associated with early sexual behavior and substance use. For adolescents who are ethnic or sexual minorities, discrimination sometimes presents a set of challenges that nonminorities do not face.

Finally, genetic variations contribute an additional source of diversity in adolescence. Current approaches emphasize gene X environment interactions, which often follow a differential susceptibility model (Belsky & Pluess, 2009). That is, particular genetic variations are considered riskier than others, but genetic variations also can make adolescents more or less susceptible to environmental factors. For example, the association between the CHRM2genotype and adolescent externalizing behavior (aggression and delinquency)has been found in adolescents whose parents are low in monitoring behaviors (Dick et al., 2011). Thus, it is important to bear in mind that individual differences play an important role in adolescent development.

## Conclusions

Adolescent development is characterized by biological, cognitive, and social changes. Social changes are particularly notable as adolescents become more autonomous from their parents, spend more time with peers, and begin exploring romantic relationships and sexuality. Adjustment during adolescence is reflected in identity formation, which often involves a period of exploration followed by commitments to particular identities. Adolescence is characterized by risky behavior, which is made more likely by changes in the brain in which reward-processing centers develop more rapidly than cognitive control systems, making adolescents more sensitive to rewards than to possible negative consequences. Despite these generalizations, factors such as country of residence, gender, ethnicity, and sexual orientation shape development in ways that lead to diversity of experiences across adolescence.

## Outside Resources

**Web: Center for the Developing Child, Harvard University**

<http://developingchild.harvard.edu>

**Web: Collaborative for Academic, Social, and Emotional Learning**

<http://casel.org>

## Outside Resources

**Podcasts:** Society for Research on Adolescence website with links to podcasts on a variety of topics, from autonomy-relatedness in adolescence, to the health ramifications of growing up in the United States.

<http://www.s-r-a.org/sra-news/podcasts>

**Study:** The National Longitudinal Study of Adolescent to Adult Health (Add Health) is a longitudinal study of a nationally representative sample of adolescents in grades 7-12 in the United States during the 1994-95 school year. Add Health combines data on respondents' social, economic, psychological and physical well-being with contextual data on the family, neighborhood, community, school, friendships, peer groups, and romantic relationships.

<http://www.cpc.unc.edu/projects/addhealth>

**Video:** This is a series of TED talks on topics from the mysterious workings of the adolescent brain, to videos about surviving anxiety in adolescence.

<http://tinyurl.com/lku4a3k>

**Web:** UNICEF website on adolescents around the world. UNICEF provides videos and other resources as part of an initiative to challenge common preconceptions about adolescence.

<http://www.unicef.org/adolescence/index.html>

## Vocabulary

**Authoritative**

A parenting style characterized by high (but reasonable) expectations for children's behavior, good communication, warmth and nurturance, and the use of reasoning (rather than coercion) as preferred responses to children's misbehavior.

**Conscience**

The cognitive, emotional, and social influences that cause young children to create and act consistently with internal standards of conduct.

**Effortful control**

A temperament quality that enables children to be more successful in motivated self-regulation.

**Family Stress Model**

A description of the negative effects of family financial difficulty on child adjustment through the effects of economic stress on parents' depressed mood, increased marital problems, and poor parenting.

**Gender schemas**

Organized beliefs and expectations about maleness and femaleness that guide children's thinking about gender.

**Goodness of fit**

The match or synchrony between a child's temperament and characteristics of parental care that contributes to positive or negative personality development. A good "fit" means that parents have accommodated to the child's temperamental attributes, and this contributes to positive personality growth and better adjustment.

**Security of attachment**

An infant's confidence in the sensitivity and responsiveness of a caregiver, especially when he or she is needed. Infants can be securely attached or insecurely attached.

**Social referencing**

The process by which one individual consults another's emotional expressions to determine how to evaluate and respond to circumstances that are ambiguous or uncertain.

### **Temperament**

Early emerging differences in reactivity and self-regulation, which constitutes a foundation for personality development.

### **Theory of mind**

Children's growing understanding of the mental states that affect people's behavior.

## Vocabulary

**Crowds**

Adolescent peer groups characterized by shared reputations or images.

**Deviant peer contagion**

The spread of problem behaviors within groups of adolescents.

**Differential susceptibility**

Genetic factors that make individuals more or less responsive to environmental experiences.

**Foreclosure**

Individuals commit to an identity without exploration of options.

**Homophily**

Adolescents tend to associate with peers who are similar to themselves.

**Identity achievement**

Individuals have explored different options and then made commitments.

**Identity diffusion**

Adolescents neither explore nor commit to any roles or ideologies.

**Moratorium**

State in which adolescents are actively exploring options but have not yet made identity commitments.

**Psychological control**

Parents' manipulation of and intrusion into adolescents' emotional and cognitive world through invalidating adolescents' feelings and pressuring them to think in particular ways.

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