

Adolescent Development and External Influences*

V. Rudan

Clinic for Psychological Medicine, School of Medicine, University of Zagreb, Zagreb, Croatia

ABSTRACT

There are two different approaches to the definition of »normal« in adolescence: psychoanalytic interpretation and empirical research. They are not necessarily at odds but can complement each other if normalcy is viewed as a dependent variable. Its definition depends also on cultural rules, social values and expectancies, professional orientations, personality traits and political climate, which all determine the tolerance level for aberrance. The adolescent development including biological, cognitive and psychosocial changes is related to the existing social formations and processes. It is affected by family, peer groups, neighborhood, work and wider community. The paper describes the adolescent development in particular social contexts.

Introduction

Recent literature on adolescence distinguishes two separate approaches to the definition of »normalcy« during adolescence: psychoanalytic interpretation and empirical research.

Hall¹ and later classical psychoanalysts e.g. Bernfeld², Spigel³, Freud A.⁴, Blos^{5,6}, Erikson⁷, Winnicott⁸ and others provided the basis for the assessment of adolescents by stressing the existence of adolescent storm and stress, turmoil and rebellion as normal external manifestations of changes related to primary ob-

jects and accompanying internal restructuring of the mental apparatus, induced by biological maturation during puberty.

On the other hand, Daniel Offer^{9,10} and his collaborators carried out empirical longitudinal population studies outside psychiatric or psychoanalytic clinic. »The more one studies normal populations, the more one becomes aware that healthy functioning is as complex, and coping behavior as varied as psychopathological entities. Normality and health cannot be understood in the abstract. Rather, they depend on cultural norms, social expectancies and values, profes-

Received for publication June 24, 2000.

* This research is funded by the Ministry of Science and Technology of the Republic of Croatia (project no. 01960102).

sional biases, individual differences and political climate of the time which sets the tolerance society's expectancies and values for deviance«¹¹. According to Offer¹¹ and his collaborators¹² there are three developmental routs within the border of normality. Psychiatrists and psychoanalysts have moved from deduction and theorizing on normal development toward empirical research on the relationship between multiple variables that contribute to healthy and normal human development. »Healthier adolescents are more adjustable to family and environment, and they come from basically healthy families (as defined by these researchers)«¹¹. In the same way, Rutter¹³ points out in the introduction to the book »Psychosocial Disorders in Young People, Challenges for Prevention« that adolescent behaviors indicative of later psychosocial disorders were assumed earlier to be »normal«. Systematic research on general population clearly contradicts this view. The majority of young people pass through teenage period without visible problems. Petersen and Leffert in 1995¹⁴ mentioned that although adolescence is characterized by changes and represents a challenging decade of life, it does not have to be turbulent and problematic if not affected by social circumstances. Children who enter adolescence already psychologically and socially vulnerable will probably experience a more difficult adolescent period in challenging social circumstances. Although the authors do not explain the causes of this increased early psychological and social sensitivity, they correctly point at greater challenges imposed on adolescents by current complex societies.

However, it might be useful to ask ourselves whether these two approaches to normality in adolescence are indeed so different as they appear to be or as it is sometimes stressed. In trying to answer this question Kaplan¹⁵ indicates that ac-

ording to Offer¹¹ there are three types of adolescent experiences that still represent normal development. The first refers to adolescents with continuous growth who show optimal functioning and absence of psychiatric syndromes. The second group of surgent growth has the same percentage of these syndromes as expected for normal distribution. The third group of tumultuous growth has two times more clinical psychiatric syndromes than expected for random sample. Without rejecting turmoil as a precondition for healthy development, Offer¹¹ suggests that among other normal ways it is the least desirable one. His third group of tumultuous growth seems to correspond to the psychoanalytic models of adolescent development described by Blos^{5,6}, A. Freud⁴ and Kaplan¹⁵. Noshpitz¹⁶ points out that it might be the most reasonable to accept that probably all adolescents are shaken by emotional storms and disturbing impulses⁴, but for many of them these experiences are transient and they are able to cope with them successfully, while in the minority of them the same problems lead to serious reactions. Consequently, adolescent turmoil may never clearly come into expression in the majority of young people. The young person frequently copes with it by talking about his/her experiences to a friend, a respected teacher or other adult person. Sometimes he/she may resort to abreaction, sometimes to identification, working out the problem in this way without open dramatization¹⁵.

Both approaches to adolescence emphasize that it is a period of transition. Petersen and Leffert¹⁴ mention that in the majority of developed countries adolescence spans through a sufficiently long period, approximately a decade, so that it can be considered as a separate stage of life. However, adolescence is a period of transitional nature between childhood and adult age. It is consistent with the

definition of developmental transitions by e.g. Emde and Harmon¹⁷, or life periods characterized by major changes in biological and/or social spheres of life. Developmental transitions include infancy, puberty, pregnancy and menopause. These transitions can offer new challenges and opportunities or they can become too straining and stressful. A higher number of simultaneous changes may lead to a worse outcome, as Simmons and Blyth¹⁸ point out giving in this way support to Coleman's¹⁹ focal theory, according to which one can better cope with developmental tasks if they are experienced successively and not simultaneously. A high degree of inter- and intra-individual variability is of particular importance for the adolescent development. Although there are some typical patterns for certain aspects of changes, individuals do not necessarily experience them in the same way. Different individual changes can occur at different periods of life, with varying intensity and different patterns. For example, a girl may enter puberty changes very early, but emotionally she still remains very immature, so that only through a shorter or longer time period she develops certain skills that will help her to avoid the state of increased risk as a possible result of early biological maturation.

Adolescent development and social contexts

Adolescent development, which implies biological, cognitive and psychosocial changes, is related to the existing social formations and processes. Family, peer groups, neighborhood and wider community, they all influence this development.

Adolescent development and family

The influence of the family on the development of children has been strongly

emphasized. Many factors have been investigated from those easily noticed and measurable, e.g. family economic status to those much more subtle, difficult to measure and subject to different interpretations of obtained results, such as assessment of family relationships. It is not surprising, as it was stated by Petersen and Leffert¹⁴ that it is considered very difficult to document the influence of family on the child's development.

While children grow up the family itself also has to undergo changes, gradually loosening the control over the young person while withholding the right to forbid excessive or dangerous behavior. The child's passing through successive stages of development always revives in the parents their own unsolved conflicts specific for each stage.

If the parents did not have the corresponding experience during their own adolescence they may feel the need to release it through the child's adolescence or to practically experience it. It can be said that adolescence is not only a developmental phase but also a specific mental state. It refers to specific emotions, attitudes and behaviors the traces of which we can sometimes detect in ourselves, friends or patients who have adolescent quality regardless of their age. Adolescence is an inevitable and obligatory process for everyone. If someone does not deal with it at the right time, he/she will try to pass through it at some other, in fact inadequate time and sometimes with undesirable consequences, most frequently during the adolescence of his/her own children. I can mention, for example, the father of one patient of mine who seemed that he was living in an apparently balanced and happy family but he changed entirely his way of life during his daughter's adolescence. Instead of his traditional clothes he began to follow the fashion of young people, he bought a jeep and started to have love affairs. It looked as if

he desperately tried to compete with his adolescent child and her peers, trying to practically experience parts of his own adolescence that he had not lived through at the right time, exerting in this way a harmful influence on his daughter's adolescent process. The other possibility is shown by the need to prevent the adolescent process in one's own child due to the lack of one's own experience of adolescence and, the developmental significance of which is denied to evade the above mentioned consequences. Another patient of mine, the adolescent girl, complained: »My mom had very strict parents and was not allowed to do anything. Now she wants me to live in the same way she did. I think she really envies me for having fun, but she would never admit that even to herself. I am really never too late. Sometimes, I am a little late, but she waits for me and the quarrel starts. She even calls me names when I am late. I would never expect that from her. She was a good mom. She does not understand how such accusations influence my feelings toward her. And all that because of her parents who forbade everything she said that they were too strict. But now when my time has come, she behaves in the same way. When am I supposed to have a good time if not now when I am young?«.

By losing the parental idealized status characteristic of the preadolescent period, the parents' narcissism gets always hurt. Various factors contribute to that: the child challenges their values and ideals which it previously accepted without question; the growth of sexuality in adolescents and its gradual decrease in parents; the great parental expectations of the child as a narcissistic extension of themselves, etc. The attack on the parental self-respect provokes longing for the latency child lost in adolescence and for the lost elevated parental status. If the parental depression or hostility are too

excessive, Kaplan¹⁵ pointed out that one of numerous pathological outcomes in the relationship with the adolescent is inevitable: the attempt to stop the process of growth, abdication or expulsion.

As adolescent becomes more distant and defines himself/herself in opposition to his/her parents, he/she mostly denies the continuous need for restrictions and family support. Stierlin²⁰ described the ideal type of conflict between parents and adolescents as »a loving fight«, between actors who mutually affirm their right to exist and to be different. Psychological growth can be viewed as a consequence of the internal stimulus toward maturation and development, along with the equally important interaction between less developed and less integrated psychic structure of the child and more developed one of the parent. The adolescent still needs this interaction with adults.

Maccoby and Martin²¹ defined four parental styles. According to them, the authoritative parents exert control and warmth and are willing to support the need of their adolescent children for autonomy by giving them greater responsibilities²². The autocratic or authoritarian parents wish to impose strict discipline (or demands) without much warmth or psychological autonomy. Indulgent parents express love, but exert little control and practice great freedom in decision-making. Indifferent parents are deficient in all aspects and their children have the worst outcome. The authoritarian and laissez-faire parenthood more frequently leads to worse outcomes than authoritative parental attitudes¹⁴. Generally, the research shows that authoritative parental attitudes yield best results in terms of school obligations, regardless of age and sex, socio-economic status and family structure²³.

Psychoanalysts (e.g. A. Freud²⁴) are also aware of the traps hidden in permissive parenthood, which often leads to an

increased feeling of guilt in children or adolescents who are too early forced to take responsibility and decisions. Besides, by great permissiveness the parents deprive their children of the opportunity to learn how to cope with aggression within the family. Possible outcomes of over-indulgence can include the neurotic development or certain behavior disorders. Adolescents then unconsciously, through a behavior disorder, try to force their parents to pose restrictions or punish them, in order to diminish the feeling of guilt. Psychoanalysts, however, particularly underline the importance of empathy in parent-child relationship.

Empathizing with the child's wishes, feelings and needs does not lead necessarily to indulgence, but to the recognition of the child or adolescent as a person who is entitled to his/her own wishes, feelings and needs, demands and attitudes, which the parent emphatically recognizes and tries to bring them into reason. However, it does not mean that the parents should inevitably agree with and approve of all decisions or behaviors based on the needs, feelings, wishes, or even thoughts of the child. If in parental judgement some of these behaviors are too irrational, unrealistic or potentially bad for the child itself, the family, or sometimes parents themselves and wider community, the parents will either forbid them or try to find together with the child a more suitable solution. At the same time the parent is capable to understand that the adolescent can be angry or sad because of the restriction. This is a frequent adolescent reaction, but it should not affect the parental decision regarding the expressed disagreement or restriction. The parent should also prevent excessive behavior of the adolescent on account of the restriction.

The second important element of parenthood is the capacity of the parents for containment. Most frequently, the par-

ents do not worry or immediately get angry at strong emotional outbursts of the adolescent, but try to alleviate his/her strong drives or emotions by their own capacity for containment. In this way the parents not only work out or metabolize the strong feelings and drives of the adolescent and give them back to him/her in a much alleviated form, but they also help the adolescent to lift his/her strong affects and unworked raw drives to the level of mental content, where they are more understandable to the adolescent and easier to cope with through the thinking process. Indeed, today it is generally considered that empathy and containment capacity are fundamental elements of all qualitative human relationships which result in capacity for tolerance and potential for making healthy compromises. One mother asked for consultation because she was worried by the behavior her son was beginning to display toward her. This adolescent boy was living with his mother and sister since the divorce of his parents and he begins to act in a rude manner toward her. The mother is disappointed because her son's behavior starts to remind her increasingly of that of his father and for which she asked for the divorce. The distressed mother reacts by saying to her son that he is just like his terrible father and that because of such behavior she divorced him. The son's behavior only got worse. Another mother with more empathy and better containment capacity in a similar situation of the son's aggressive attacks said to her son that she understands how it was difficult for him at his complicated period to be deprived of his father unlike many of his friends. She added that she thought how he might be afraid to remain too attached to her by growing up only with her, and he probably acted rudely to try to keep her at a distance. Then she stressed that rudeness is neither the only possible nor a good way to protect his autonomy. The

son felt relief because the mother helped him to understand better the reason of his behavior, which he was slightly afraid of because he could not control it, and now together with his mother he found the way out. Naturally, it was easier for the mother to talk her son into cooperation because their earlier relationship had been fulfilled with trust, good emotional experiences and comparative harmony due to her empathy, holding behavior and creation of holding environment²⁵ as well as containment capacity²⁶.

In the first case the son did not begin to resemble his father more than the son in the second case, but the mother's fear of this possibility was greater while her empathy and containment capacity were lower. It seems as if by accusing her son she tries to reestablish her marriage situation and to lead her hurt and disappointed son into moving eventually to his father's place. In fact, she basically acts in this way mostly because of her inner neurotic motives (which probably affected her bad choice of marriage partner as well) that have colored her relationship with the son since his early childhood.

It is true that the investigations performed have generally shown that positive adolescence outcome is more frequent in families with both parents than in single parent families²¹, although some researchers think such conclusions should be taken with caution²⁷. These studies also suggest that changes in family life, such as death or divorce of parents, unfavorably affect the adolescent development²⁸, but this inference has been also subject to controversy. The majority of studies also indicates that the mother's employment does not have a strong or uniform direct influence on children. There are even some indications that it may positively affect the daughter's development, while it can have negative effects on the development of adolescent sons²⁹.

Adolescence is described as a »pilot experiment of living« which indicates that trial and error and experimentation make an essential part of this developmental stage³⁰. Unfortunately, in contemporary societies experimentation is full of dangers that can even be life threatening. The consequences of experimentation with drugs or sexual experiences include many serious dangers, such as AIDS. Both adolescents and especially their parents strive to create a different and safer climate for experimentation.

Winnicott⁸ maintains that many of adolescents' difficulties for which they ask professional help are due to the failure of their environment. Marital conflicts are an essential, if not a critical external factor that affects the adolescent's development. In families with mutually reliable and gratifying parents adolescents are healthier, even if parents show some psychopathological signs³¹. Healthy parents respond to the adolescent with untouched self-respect. Their own suppressed narcissism is reflected in their feeling of competency with which they perceive both themselves and their adolescent child. Regardless of challenges provoked in them by growing up of their child, they do not have to show their superiority by underestimating the adolescent's achievements, and they know how to express in the relation to the adolescent their pride of the adolescent's progress and to empathize with his/her efforts to make some progress. They can stimulate him/her to make progress without being afraid that such challenges will destroy their relationship or without any feeling of guilt for hampering the adolescent's development¹⁵.

Adolescent and peers

Blos⁵ compared the »uniformism« of the American middle-class youth, based on the overriding shift to peers, with a

much lower tendency to seek out and identify with extraparental adults compared to European youth. The question is now whether such comparisons are still possible taking into account current similarities in the situation of the European and American youths. In young adolescents the needs are primarily narcissistic as they look for complete affirmation that can be received from idealized peers and which provides the support for their decreased self-respect. Such relationships are quasi-relationships created in a self-created milieu. Due to inevitable depreciation of idealized figures, the attachment is temporarily transferred to other groups or again to family. The adolescents with more psychopathology either join the group with great difficulties, or they abandon it for good. They can attach themselves to pseudo-groups in which some stereotypic behaviors, such as drug abuse, delinquency and fighting with other groups, give the feeling of belonging to the group and identity without intimacy. This orientation toward peers accompanies a specific phase of development. The premature formation of peer groups is most frequently the result of deprivation and family disorganization, which were typical for poor urban families³², but with increased number of separations and divorces it appears also among the youth of other social classes. During middle adolescence when the young person becomes more self-assured with respect to his/her body and impulses, the relationships with peer groups are gradually yell. The groups become mirrors for body image, social monitors and arbitrators of behavior. Only gradually the observation of peers becomes more realistic and they are perceived as separate, different and imperfect persons whose friendship still counts. By this the capacity for intimacy also gradually evolves. Current research does not provide evidence that peer groups considerably

draw away young persons from their family values related to wider problems, such as political, religious or life goals, although they certainly affect the outward appearance and inclinations of adolescents in respect to popular culture³³. However, the influence of peer groups on behavior, particularly problematic behavior, can affect the development³⁴.

The negative effect of peers represents a higher risk for adolescents from weaker families or early maturing girls. The group can also affect positively the adolescent development during middle and especially late adolescence through its social support. At this age the peer relationships can alleviate negative parental or other influences³⁵.

Adolescent and neighborhood

The number of studies concerned with the role of neighborhood in the adolescent development has been increasing recently. They show that some neighborhoods do not give any resources, while other provide a rich context for this development. The latter function more as a well-rounded whole, giving the opportunity to adolescents to grow up with access to the world of adults who are not their parents and to research in a safe environment³⁶. It has been shown that the isolation of adolescents from adults other than family members can contribute to the failure in psychological maturation. Weakened social networks restrict the opportunity to some adolescents to use suitable adults for their own developmental needs. The lack of available persons with authority who also have empathic and containment capacities is particularly unfavorable for adolescents whose parents show deficient empathy and weak containment capacity on account of their personality traits or structure. This defect makes some adolescents very anxious in respect to impulse control on one hand, while on the

other it fosters the development of rigid defenses. In adult period such persons may have problems with the expression of their authority at home and at work.

Some neighborhoods represent extremely high risk contexts, with a high rate of violence, drug abuse and other problems which endanger the survival of young persons or at least increase the probability of their participation in problematic behavior.

Adolescent and school

Among all social contexts school shows the greatest variability in different countries. It has been shown that the transition from small neighborhood elementary schools to bigger, anonymous secondary schools³⁷ may hinder the adolescent development. The school success decreases with each transfer in comparison to peers without such changes³⁸. The negative effect is stronger with earlier and multiple transfers.

The research shows that such transfers include the restriction of choice, less participation in decision making, less group work, less positive contacts with teachers and more evaluation³⁹. Several studies have identified the practice and conditions that ensure better school outcomes in adolescents: unperturbed social environment, high interest in learning and inclusion, great emphasis on school work, lower differences between students. The feeling of anonymity seems to be very harmful.

Adolescent and wider community

Wider community exerts certain influence on adolescent development through social institutions, economy, media and social politics. Many contemporary societies do not recognize formally the transition from childhood to adolescence as traditional societies do. In this way young

persons remain in the state of uncertainty that can arouse a lot of anxiety in respect to the world of adults which is itself subject to great changes and transitions. This is most visible in the sphere of employment and its uncertainty for young people. The rate of unemployment among young people negatively affects the adolescent development⁴⁰. As many adult persons today have difficulties with employment, they very often cannot advise the younger generation on this matter since for many of them the social context has changed so much to become unrecognizable. The dilemma of many current families consists in similar problems of parents and adolescents. In other words, while adolescents are confronted with losses, changes and transitions in growing up, their parents are confronted with similar processes caused by unemployment, changes in working conditions due to economic problems of the society and/ or sudden and great technological advancements.

However, the adult persons on account of their own anxiety frequently react to behaviors, wishes and attitudes of adolescents with certain disdain of varying intensity. The parents themselves sometimes react like that in relation to their children and their friends. Such under-rating reactions are frequently mild and disguised as jokes or witty remarks about young people, but they can also assume the character of ridiculing and openly contemptuous words or behaviors, particularly in adults with stronger narcissistic personality traits.

»I do not see the future of the nation if it will depend on present frivolous youth and it goes without saying that all youth is by all means careless... When I was a boy they thought us to be considerate and respect elders, but the present youth is so clever and does not stand any restraints«. These words seem to be quite modern, though they were written by a ancient

Greek poet. Similar lamentations of older generations about young people obviously recur during the human history⁴¹.

Such attitudes and feelings related to them often keep the adults from providing a more egalitarian and recognizable position for young persons within the family and wider community. Their anxiety or even anger most frequently appears to be an essential and vital factor affecting the development of the adolescent's self⁴¹. The conflict unconsciously occurs about the feeling of omnipotence. In terms of external manifestations, the feeling of omnipotence is primarily revealed in the feeling and belief of young persons that there is nothing in the world that they could not do and that they can solve any problem if they are given the chance. There are no impossible tasks or obstacles to anything they want. Everything accepted without hesitation by adults is subject to questioning by adolescents. There are no limitations of fantasy, while all restrictions in reality are accepted with protest. Young persons regard all their activities as serious, while adults often do not take them seriously, particularly because young persons lack perseverance in task accomplishments and are prone to dissipate their attention to multiple tasks. Such an approach requires concentration upon only one obligation, task or thing, for which the majority of young people are not developmentally ready. The commitment belongs to the next developmental stage, the transition to adult age.

One of the reasons for frequent belittling of young persons lies in the need of adults to underestimate this period of life which arouses in them anxiety and the feeling of frustration. As it happens, their relationship toward their own adolescence comes clearly into expression during their psychotherapy. The memories of events in adolescence are kept in the conscious of many adults and they are de-

scribed usually without difficulties. However, memories usually contain facts, events and activities separated from affects that accompanied them during adolescence. »What we fail to recover as a rule is the atmosphere in which the adolescent lives, his anxieties, the height of elation or depths of despair, the quickly rising enthusiasms, utter hopelessness, the burning or at other times sterile intellectual and philosophical preoccupations, the yearning for freedom, the sense of loneliness, the feeling of oppression by the parental, the impotent rage or active hatred directed against the adult world, the crushes whether erotic homosexual or heterosexual directed, suicidal fantasies etc. These are elusive swings, difficult to revived, which unlike the affective states of infancy and early childhood, seem disinclined to emerge and be relived in connection with person of the analyst.«⁴.

Why the adult person has such relationship toward his/her own adolescence? One of its main reasons lies in the fact that successful accomplishment of adolescence and transition to the early adult age requires the abandonment of one's own omnipotence and the acceptance of reality of restrictions and priorities, both internal and external, along with ensuing changes in the ego and the self concept. This process usually occurs with difficulties and much internal and external struggle, particularly if the person is forced to take this step too early and does not come to this stage through a gradual development. The adult person has to maintain this position obtained with so many difficulties and to accept his/her own system of priorities. However, when during life the person is confronted with various frustrations, failures, withdrawals, and disappointments, he/she tends to re-establish this phase of omnipotence, wondering whether all his/her efforts to accept restrictions and his/her choices, occupations and vocations are the best

and the only ones that available. The feelings of omnipotence and freedom of choice are then reactivated and should be worked out or suppressed. This is particularly true for times when parents are faced with the same feeling of omnipotence in their children, and with the threat of the resurrection of their own suppressed memories of adolescence. This anxiety is an important aspect of general social depreciation of younger generation by adults, as it represents their fear that their self-sacrifice was perhaps futile or unnecessary⁴¹.

Adults often typically react with excessive anxiety to aspirations of the youth, to their challenges to establish values and standards, to their discontent with the world in which they live and their wish make it a better place for living. Adults tend to stress uncertainties, doubts and difficulties that young persons will experience, often overlooking their strength, self-confidence and especially their wishes to make a better world. In other words, very little attention is often given to these constructive, adaptive and progressive aspects of youthful aspirations and activities.

Conclusion

The external environment influences the developmental processes during adolescence. The research is primarily directed to the influence of the family and peer groups on the adolescent's development, while the effects of neighborhood, other adults and wider community have been less analyzed probably out of objective reasons. Such problems cannot be successfully studied within the boundaries of one scientific discipline, such as medicine, psychiatry or psychology, as they intersect with anthropological and sociological research. Some psychoanalysts, like Erikson (1956), gave significant contributions to the study of the relationship between adolescents and wider community, but much valuable work on this subject was done by anthropologists like Margaret Mead, Geza Roheim and others. In comparison to traditional communities, less research has been done in complex modern societies., However, such investigations are necessary to better determine obvious or hidden risk and protective factors of the adolescent development in current complex societies.

REFERENCES

1. HALL, G. S.: Adolescence: Its psychology and its relations to physiology, anthropology, sociology, sex, crime, religion and education. (Appleton, New York, 1904). — 2. BERNFELD, S., Psychoanal. Quart., 7 (1938) 243. — 3. SPIEGEL, L. A., Psychoanal. Stud. Child, 6 (1951) 375. — 4. FREUD, A., Psychoanal. Stud. Child, 13 (1958) 225. — 5. BLOS, P.: On adolescence: A psychoanalytic interpretation. (Free Press, New York, 1962). — 6. BLOS, P.: The adolescent passage: Developmental issues. (Int. Univ. Press, New York, 1979). — 7. ERIKSON, E. H.: Identity: Youth and crisis. (Norton, New York, 1968). — 8. WINNICOTT, D. W., *Adol. Psych.*, 1 (1971) 40. — 9. OFFER, D., *Arch. Gen. Psych.*, 17 (1967) 285. — 10. OFFER, D., E. OSTROV, K. I. HOWARD: The adolescent: A psychological self-portrait. (Basic, New York, 1981). — 11. OFFER, D.: Adolescent development: A normative perspective In: GREENSPAN, S. I., G. H. POLLACK (Eds.): The course of life psychoanalytic

contributions toward understanding personality development latency, adolescence and youth. (Adelphi, Maryland, NIMH 2: 357–372, 1980). — 12. OFFER, D., J. OFFER: Three developmental routes through normal male adolescence. In: FEINSTEIN, S. C., P. GIOVACCHINI (Eds.): Adolescent psychiatry. (Aronson, New York, 1975). — 13. RUTTER, M.: Preface. In: RUTTER, M. (Ed.): Psychosocial disturbances in young people, challenges for prevention. (Cambridge Univ. Press, Cambridge, 1995). — 14. PETERSEN, A. C., N. LEFFERT: What is special about adolescence? In: RUTTER, M. (Ed.): Psychosocial disturbances in young people, challenges for prevention. (Cambridge Univ. Press, Cambridge, 1995). — 15. KAPLAN, E. H.: Adolescents, age fifteen to eighteen: A psychoanalytic developmental view. In: GREENSPAN, S. I., G. H. POLLACK (Eds.): The course of life psychoanalytic contributions toward understanding personality development latency, adolescence and youth. (Adel-

- phi, Maryland NIMH, 2, 1980). — 16. NOSHPITZ, J. D.: Disturbances in early adolescent development. In: GREENSPAN, S. I., G. H. POLLACK (Eds.): The course of life psychoanalytic contributions toward understanding personality development latency adolescence and youth. (Adelphi, Maryland NIMH, 2, 1980). — 17. EMDE R. N., R. J. HARMON: Continuities and discontinuities in development (Plenum Press, New York, 1984). — 18. SIMMONS, R. G., D. A. BLYTH: A moving into adolescence: The impact of pubertal change and school context. (Aldine de Gruyter, Hawthorne - New York, 1987). — 19. COLEMAN, J. C., J. Youth Adolesc. 7 (1978) 1. — 20. STIERLIN, H.: Separating parents and adolescents. (Quadrangle, New York, 1974). — 21. MACCOBY, E., J. MARTIN: Socialization in the context of the family: Parent – child interaction. In: HETHERINGTON, E. M. (Ed.): Handbook of child psychology, socialization personality and social development. (Wiley, New York, 1983). — 22. BAUMRIND, D., Develop. Psych. Monogr. 1 (1971) 1. — 23. DORNBUSCH, S., P. RITTER, P. LEIDERMAN, D. ROBERTS, M. FRALEIGH, Child Develop. 58 (1987) 1244. — 24. FREUD, A.: Normality and pathology in childhood: Assessment of development (Int. Univ. Press, New York, 1965). — 25. WINNICOTT, D. W.: The theory of the parent infant relationship. In: The maturational processes and the facilitating environment. (Hogarth Press, London, 1965). — 26. BION, W. R. : Container and contained (1964). In: Attention and Interpretation (Karnac Book, London, 1993). — 27. BARBER, B. L., J. S. ECCLES, Psychol. Bull. 11 (1992) 108. — 28. HETHERINGTON, E. M., J. Res. on Adolesc. 1 (1991) 323. — 29. LERNER, J. V., N. L. GALAMBOS, Develop. Psychol. 21 (1985) 1157. — 30. SCHMIDT NEVEN, R.: Emotional milestones from birth to adulthood: A psychodynamic approach. (Kingsley Publ., London – Bristol, 1996). — 31. KING, S. H., Psych. Ann. 1 (1971) 10. — 32. MINUCHIN, S., B. MONTALVO, B. C. GUERVEY Jr., B. L. ROSMAN, T. SCHUMER: Families of the slums: An exploration of their structure and treatment (Basic Book, New York, 1967). — 33. LERNAR, R. M., M. KARSON, M. MEIDELS, J. R. KNAPP, J. Genet. Psychol. 126 (1975) 195. — 34. BROWN, B.: The role of the peer groups in adolescents adjustment to secondary school. In: BERNDT, T. J., G. W. LADD (Eds.): Peer relationships in child development. (Wiley, New York, 1989). — 35. KLEPP, K. I., A. HALPER, C. L. PERRY, J. School Health, 56 (1986) 407. — 36. BARKER, R., P. GUMP: Big school, small school (Stanford Univ. Press, Standford CA, 1964). — 37. ECCLES, J. S., C. MIDGLEY: Stage / anvironment fit: Developmentally appropriate classrooms for early adolescents. In: AMES, R. E., C. MESS (Eds.): Research on motivation in education goals and cognition. (Acad. Press, New York, 1989). — 38. BLYTH, D. A., R. G. SIMMONS, S. CARLTON-FORD, J. Earl. Adolesc. 3 (1983) 105. — 39. FEDLAUFER, H., C. MIDGLEY, J. S. ECCLES, J. Earl. Adolesc. 8 (1988) 133. — 40. MORTIMER, J.: Individual differences and precursors of unemployment. In: PETERSEN, A. C., J. MORTIMER (Eds.): Youth unemployment and society. (New York – Cambridge, 1994). — 41. PUMPIAN-MINDLIN, E., Amer. Acad. Child Psych. 4 (1965) 1.

V. Rudan

*Clinic for Psychological Medicine, School of Medicine, University of Zagreb,
Kišpatičeva 12, 10000 Zagreb, Croatia*

ADOLESCENTNI RAZVOJ I VANJSKI UTJECAJI

S A Ž E T A K

Postoje dva različita pristupa definiciji »normale« u adolescenciji: psihoanalitičko razumijevanje i empirijska istraživanja. Ova dva pristupa ne moraju biti nužno suprotstavljena kako na prvi pogled izgledaju, nego se mogu približiti ako se i na normalnost gleda kao na izvjesnom smislu ovisnu varijablu. Njezina procjena također ovisi o kulturnim normama, očekivanjima društva i njegovih vrijednosti, profesionalnim usmjerenjima, osobnim različitostima i političkoj klimi određenog vremena koji određuju toleranciju za odstupanja. Adolescentni razvoj koji obuhvaća biološke, kognitivne i psihosocijalne promjene odvija se u povezanosti s postojećim društvenim formacijama i procesima. Obitelj, grupa vršnjaka, susjedstvo, škola, posao i šira zajednica imaju utje-

caja na adolescentni razvoj. U radu se opisuju utjecaji pojedinih socijalnih konteksta na adolescentni razvoj.