Adolescence and Well-Being

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58.1 Introduction

Adolescence is a key developmental period characterized by significant changes in brain development, endocrinology, emotions, cognition, behavior, and interpersonal relationships. From the very origins of psychology, adolescence has been considered a difficult stage in the process of development into adulthood. However, some empirical studies have shown that in reality, the majority of adolescents go through this stage successfully without experiencing particular traumas, reporting a level of relative well-being (Offer and Schonert-Reichl 1992). Well-being in childhood and adolescence is a growing field of study and discussion; however, different authors use different concepts to refer to the well-being phenomenon. The definition of well-being used to organize this chapter was that of Andrews et al. (2002) who noted that well-being is: 'healthy and successful individual functioning (involving physiological, psychological and behavioral levels of organization), positive social relationships (with family members, peers, adult caregivers, and community and societal institutions, for instance, school and faith and civic organizations), and a social ecology that provides safety (. . .)' (Andrews et al. 2002, p. 103). This definition was used because the inclusion of many different dimensions of adolescent lives as well as the importance of relationships and formal and informal supports meant it was coherent with the conceptualization of the adolescent as described in the holistic perspective (Bergman 2001).

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58.2 Mental and Physical Well-Being During Adolescence

58.2.1 Prevalence

The large, rapid changes associated with adolescence such as rapid physical growth and significant physical and psychological changes may have major effects on the health of individuals, and conversely, variations in health may significantly affect the transitions of adolescence (Santrock 2004). Adolescence presents a striking paradox with respect to overall health statistics. This developmental period is marked by rapid increases in physical and mental capabilities. By adolescence, individuals have matured beyond the frailties of childhood, but have not yet begun any of the declines of adult aging. Compared with young children, adolescents are stronger, bigger, and faster, and are achieving maturational improvements in reaction time, reasoning abilities, immune function, and the capacity to withstand cold, heat, injury, and physical stress. In almost every measurable domain, this is a developmental period of strength and resilience (Dahl 2004). Yet, despite these robust maturational improvements in several domains, overall morbidity and mortality rates increase 200 % over the same interval of time. The major sources of death and disability during adolescence are related to difficulties in the control of behavior and emotion. It is the high rate of accidents, suicide, homicide, depression, alcohol and substance abuse, violence, reckless behaviors, eating disorders, and health problems related to risky sexual behaviors that are killing youth in different societies (Dahl 2004).

The health of adolescents is integrally shaped by the daily contexts in which they grow and develop. Across developing and developed nations, adolescents face several common enemies (injuries, homicide, suicide, substance use and abuse, sexually transmitted diseases, and mental illnesses) (Call et al. 2002). However, some differences exist between developing and developed nations. For a large portion of adolescents living in poor countries, the primary threats to their health are the devastating daily living conditions brought on by poverty (WHO 1999). The youth in the developing world continue to face serious threats to their immediate well-being, including starvation and infectious diseases such as malaria and tuberculosis. Adolescents in developed countries have their own unique problems, such as obesity, eating disorders, and an increasingly sedentary lifestyle, that affect their long-term health (Dietz 1998).

Diverse psychosocial disorders (e.g., antisocial behavior, drug use, depression, eating disorders) in the Western world occur frequently during adolescence. For example, in a national survey investigating a range of mental health issues in a stratified, random sample of 4,500 Australian children and adolescents (aged 4–17), 14.0 % of those surveyed were found to have mental health problems (Sawyer et al. 2000). A substantial minority of adolescents in the U.S. suffer from some type of serious mental or physical health problem, including asthma, obesity, unintentional injury, and suicidal ideation (MacKay et al. 2000). In a study of 1,234 U.S. adolescents (ages 12–18), Keyes (2006) found that more youth were moderately mentally healthy (i.e., reported average emotional, psychological, and

social well-being) than were flourishing (i.e., reported high emotional, psychological, and social well-being).

Adolescence is a time of increased behavioral divergence between males and females, as well as a period that is associated with increased vulnerability to psychopathology. Compared with male adolescents, adolescent females report poorer psychosocial health in somatic, depressive, and internalizing areas compared with male adolescents. The difference is most evident at the age of 15–17 years (Räty et al. 2005).

58.2.2 Socioeconomic Status and Well-Being

Socioeconomic status appears to be an important determinant of health and well-being. It has been shown that socioeconomic differences in health vary according to age and stage of life. However, the evidence for a relationship between social class and mental health in children and adolescents is not entirely consistent. Some studies have found little or no class differentiation in the prevalence of symptoms (West 1997), whereas others have reported more psychosomatic complaints in lower socioeconomic groups (Halldórsson et al. 2000). In other studies, socioeconomic class gradients have been reported to be much less marked during adolescence than have been found in self-rated health, mortality, long-term illness, and general measures of psychological well-being among young people by parental socioeconomic status (Rahkonen et al.1995). Some studies have found class differences in psychological well-being, while others suggest that in terms of general measures of psychological well-being, adolescence is characterized by little or no class differentiation (see the review by West 1997; Call et al. 2002).

The effect of poverty on adolescents' mental health and risk-taking behavior is often indirect through its impact on their parents, who become anxious or hopeless and have little energy to focus on effective parenting and monitoring of adolescent children (McLoyd 1990). Conger et al. (2000) argue that economic stress exerts negative impact on the psychological well-being of parents and family processes, including parenting, spousal relationship, and parent–child relational processes. The disrupted family processes adversely influence the development of adolescent children in the family. For example, children from single-parent households appear to have worse mental health and other adverse health outcomes than those in two-parent households (Buchanan et al. 2000).

However, some authors argue that the family has a role in moderating the effect of risk factors for poor child development potentially enhancing good psychological outcomes despite experience of risk. A combination of the diminishing effects of the family, home background, and neighborhood in addition to the increasing effects of school, peer group, and youth culture promote some degree of equalization in health during adolescence (see the review by West 1997). As adolescents spend less time in the family and more time in new contexts – with peers, in the community, in a work setting, and in romantic or sexual relationships – these contexts can maintain well-being, support resiliency, or increase risk (Call et al. 2002).

58.3 Self-concept and Well-Being

Adolescence is a time when identity development takes center stage. Developing a coherent self involves individual as well as interpersonal processes. The self-concept can be described as the cognition and evaluation of specific aspects of self, the ideal self, and the overall self-regard including, gender identity, family status, personal goals, and self-esteem. The child and adolescent self-concept has been found to vary with gender, age, and educational transition. Self-concept becomes more organized and hierarchical through adolescence, and the level of the self-concept decreased during preadolescence and increased during late adolescence and adulthood (Marsh 1989). The process of individuation is often related to higher well-being during adolescence (e.g., Allen et al. 1994).

A negative self-concept is regarded as both a risk factor influencing social functioning and as problem behaviors during adolescence contributing to different kinds of mental health problems and protective factors that impede psychological problems and promote general well-being. A number of empirical studies have linked a negative self-concept to aggressive behavior, rule-breaking and delinquent behavior, anxiety and depressive symptoms, and eating problems (O'Dea 2006).

Self-esteem is the most important part of the self and evaluates the self-concept. Self-esteem refers to a smaller, evaluative component of an individual's self-perception. Self-esteem is considered to be an individual's positive or negative attitude toward the self as a totality and as such has cognitive and affective components. Conceptually, self-esteem is closely related to self-worth, where people with high self-esteem see themselves as having worth, whereas people of low self-esteem may be dissatisfied with themselves. Adolescent self-esteem has received a great deal of attention because, on average, it declines during adolescence, particularly for girls (Robins and Trzesniewski 2005). However, results from a longitudinal study have shown that self-esteem in some adolescents increases over the course of adolescence, particularly for those who conform to normative gender roles (Block and Robins 1993). Low self-esteem has been considered an important symptom of depression, and self-esteem has been found to be the most important factor for retaining psychological and social health during adolescence (Winter 1996). Studies have convincingly shown that low self-esteem is related to internalizing types of child and adolescent psychopathology, including anxiety (Muris et al. 2003), depression (Harter 1993), and eating problems (Stice 2002b).

The relationship between self-esteem and externalizing problems such as aggression, antisocial behavior, and delinquency is less clear and subject to debate. Some authors have argued that externalizing problems are associated with high self-esteem (Baumeister et al. 1996), whereas others have found these problems to be linked to low levels of self-esteem (Donnellan et al. 2005). Research on the relationship between self-esteem and substance abuse is also inconclusive, with some researchers reporting that adolescents with low self-esteem are more likely to engage in drug or alcohol abuse (Carvajal et al. 1998), while others have observed no relationship between self-esteem and substance abuse (Kokkevi et al. 2007).

In general, increasing amounts of choice and self-direction, both inside and outside of the school setting, are critical to adolescent psychological development, and a lack of autonomy during this period can lead to various forms of psychopathology and increased participation in high-risk behaviors. Academic autonomy has been found to be essential to psychological well-being (Ryan and Deci 2000) during adolescence. Lower levels of academic autonomy are associated with higher levels of anxiety and negative coping strategies in school, whereas higher levels of autonomy are associated with positive coping strategies (Ryan and Connell 1989).

One of the most crucial developmental tasks during adolescence is the formation of a personal identity. Erikson (1963) defined identity as the organization of previous skills, relationships, and experiences in a way that helps an individual effectively cope with his or her future physiology, opportunities, and responsibilities. Achieving a cohesive identity is associated with healthier social and psychological functioning and lower rates of behavior problems (De Haan and MacDermid 1999). The construction of a sense of a personal self and the establishment of a healthy sense of independence, as revealed in tasks regarding identity and autonomy, are particularly salient for adolescents and could be considered as a tool for the analysis of different types of well-being. Empirical evidence shows associations between exploration and anxiety and depressive symptoms (Luyckx et al. 2006), suggesting that the process of exploration may assume the significance of a personal lack of self-confidence, ambiguity about one's personal identity, and, for these reasons, mediate the development of emotional problems during adolescence.

58.4 Adolescents' Body Ideals and Preferences and Well-Being

Body image satisfaction has received attention because of its central role as a risk factor in predicting self esteem, eating disorders, and psychological adjustment. Body image is defined as a person's thoughts, feelings, and perceptions about their body overall, including appearance, age, race, functions, and sexuality (Cash 1999). Banfield and McCabe (2002) concurred that body image is multidimensional; however, they identified three aspects: cognitions and affect regarding body, body importance and dieting behavior, and perceptual body image. Despite the differences in definitions, body image is understood as a subjective experience; it depends on how the individual interprets himself or herself. Overall, subjective measures of body image or perceptions are more strongly related to psychological well-being (Pesa et al. 2000) than more objective measures such as body mass index (BMI) (Kostanski and Gullone 1998).

Body image satisfaction is an important issue during adolescence because of the tremendous physical, cognitive, and social changes that occur during this developmental period. Adaptation to the bodily changes of puberty exerts a strong influence on adolescents' social adjustment, psychological well-being, and health behaviors. Numerous studies have shown that body dissatisfaction is highly prevalent among

adolescents. For example, in the Swiss Multicenter Adolescent Survey on Health 2002 (Narring et al. 2003) in a representative sample of 7,420 adolescents, dissatisfaction with appearance and with one's own body was reported by 40 % of girls and 18 % of boys. Wardle and Marsland (1990) reported similar results in a study of adolescents showing that 53 % of girls and 28 % of boys were dissatisfied with their body. Cash (1999) reported that it has become so prevalent with women being dissatisfied with their body shape and weight, that feeling negatively about one's body has been termed a "normative discontent."

Studies have shown that adolescent girls' body dissatisfaction increases during early adolescence, whereas boys' body image and psychological well-being becomes more positive during adolescence compared with childhood. Illustrating the importance of the early-adolescent transition for body image, in a longitudinal study, Rosenblum and Lewis (1999) found that girls' body dissatisfaction increased significantly between the ages of 13 and 15 years but then remained constant until age 18.

58.4.1 Gender Differences

Cross-cultural studies have shown that body image depends more on gender differences than on cultural differences among adolescents who have different ethnic origins but live in the same country. Rosenblum and Lewis (1999) suggested that sex differences in body dissatisfaction emerge between 13 and 15 years of age.

Overall, girls are more likely than boys to perceive themselves to be overweight, even when they are of normal weight, and weight more greatly influences girls' body satisfaction than it does for boys. Grant et al. (1999) examined body image among African American adolescents and found that body-image dissatisfaction was higher among girls than boys. Similar findings were obtained from a group of Turkish adolescents (Cok 1990), with girls indicating a higher level of body dissatisfaction than adolescent boys. Thus, the data available appear to be fairly consistent across different cultural groups and could be due to the fact that the sociocultural ideal for the male body is very similar across a broad range of cultural settings (McCabe and Ricciardelli 2004). Recent comprehensive literature reviews have implicated such body dissatisfaction as a risk factor for subsequent lower self-esteem, decreased psychological well-being, increased eating disorder symptomatology, dieting behaviors, obesity, and depression (Smolak 2004) particularly for girls (Ge et al. 2001). Body perceptions and their resultant weight control behavior are consequential for adolescents' psychological well-being regardless of the accuracy of these perceptions (McCabe et al. 2001). Adolescent girls are more likely to perceive that they are overweight than adolescent boys, and try to lose weight (Yates et al. 2004). Furthermore, cross-sectional studies have shown dieters to have higher levels of negative affect and lower self-worth than nondieters (Neumark-Sztainer and Hannan 2000). In a longitudinal study, Rosen et al. (1990) found that dieting was linked to increased stress, but not to general psychological distress, in adolescent girls.

It was estimated that one third of adolescent boys desire a thinner body size, and another third a larger and more muscular body size (McCabe and Ricciardelli 2001).

Recent studies have demonstrated that body size as indicated by BMI has been positively related to body dissatisfaction among preadolescent and adolescent boys (Ricciardelli et al. 2003). There is reason to be concerned about boys being either underweight or overweight because of the heightened risk for body dissatisfaction and adjustment disorders at both the upper and lower ends of the BMI continuum. For example, in a study of high school senior boys, body dissatisfaction was greatest for the boys in the lowest and the highest BMI levels (Presnell et al. 2004). The desire to develop muscularity has emerged as an important issue that has been associated with higher levels of depression and lower self-esteem (McCreary and Sasse 2000).

58.4.2 Stereotypes About Male and Female Body Images and Adolescents' Well-Being

Satisfaction with, and concerns about, body weight are affected by social norms and cultural standards (Szabo and Allwood 2006). Parents play an important role in transmitting sociocultural messages regarding the ideal body to adolescents. A number of studies have implicated the role of parents in the development of body dissatisfaction in preadolescent girls 8–12 years of age. Stice (2002a) reported that pressure from parents to lose weight, teasing about weight, or positively reinforcing thinness or weight loss was found to correlate with eating disorders and a negative body image. Stice (2002a) also found that peer teasing about weight and perceived pressure from peers to be thin predicts body dissatisfaction. A large body of literature has investigated the effects of teasing or negative verbal commentary from peers and parents and found strong evidence for negative consequences, such as impaired self-esteem, body dissatisfaction, or eating disorders.

Research has shown that different media categories (i.e., magazines, television shows, and television commercials) may contribute to negative body image development in viewers. Numerous studies have demonstrated that after viewing media images of thin women, female viewers have lower self-esteem, higher anxiety levels, lower body satisfaction, and lower body esteem. Rosenblum and Lewis (1999) suggested that early adolescence (13–15 years) is when external cues (which include the media) and social feedback have the greatest impact on body image. Through the media, girls are subject to highly valued images of an extremely thin female body, and very often react negatively to the natural modifications of their figure resulting from puberty. Heinberg and Thompson (1995) found that females who were exposed to appearance-related media were less satisfied with their body shape than females who were exposed to nonappearance related images. Anderson and DiDomenico (1992) found that the media representation of the thin ideal has been connected to the predominance of body image dissatisfaction and eating disorders. Stereotypes about the male and female body image which are the most aesthetically appreciated in Western societies seem to be interpreted and integrated in a very strict way by most adolescents. Some research indicates that boys and girls have higher psychological well-being when their body perceptions coincide with the normative expectations for their respective genders. That is, in

Western countries, adolescent girls have higher psychological well-being when they are thinner and less developed, whereas boys have higher well-being when they are larger and more developed (e.g., Yuan 2007).

Although research on body image has primarily focused on girls, increasing recognition of the psychosocial problems associated with body dissatisfaction among boys has led to the need to understand the factors influencing body image for males. The sociocultural pressure for the ideal muscular build has been increasingly evident in recent years in the greater muscular bulk of male action toys and magazine models. In recent years, body dissatisfaction has been intensified by societal norms for males to be tall and have a masculine V-shape physique. For example, Leit et al. (2001) examined centerfold models in *Playgirl* from 1973 to 1997, and found that the cultural norm for the ideal male body has become increasingly muscular, especially in the 1990s., e.g. the muscularity has been the primary appearance ideal associated with body image among males. These trends have seemingly had a negative impact on adolescent boys in that the drive for muscularity has been related to lower self-esteem and greater depression (McCreary and Sasse 2000). Male body dissatisfaction has also been related to weight concerns (Ricciardelli et al. 2003). Poor body image in males is related to low self-esteem, anxiety, depression, and risky behavior often exhibited by eating in order to gain muscle mass (McCabe and Ricciardelli 2003).

58.5 Puberty Timing and Well-Being During Adolescence

There is consensus that pubertal timing has an impact on adolescent developmental outcomes. Two major perspectives have guided the research in this area: (a) the deviance hypothesis, and (b) the stage-termination hypothesis (Petersen and Taylor 1980). According to the deviance hypothesis, early versus late maturers differ in adjustment because of their status relative to the rest of the peer group. Thus, from both social and psychological perspectives, maturing time, either earlier or later than peers may cause excessive stress and be a risk factor for symptoms and disorders. Early and late maturing adolescents tend to develop more behavior problems than their peers because they are representing a deviant group within their peer environment (Neugarten 1979). The expectations of others and self influence perceptions of being on schedule or off schedule and affect the adolescent's social prestige, social adaptation, and self-concept. For example, Ge et al. (1996) reported that compared with their peers, early maturing girls reacted more strongly to deviant peer pressure and a father's hostility with psychological distress. Others have also noted early maturing girls' heightened vulnerability to peer difficulties (Conley and Rudolph 2009) and challenges arising from romantic relationships (Natsuaki et al. 2009).

In contrast, according to the stage-termination hypothesis, Simmons and Blyth (1987) claimed that early maturing adolescents are particularly at risk, because the changes associated with puberty are perceived to be more stressful when they occur early, with these stresses resulting in an increased risk for the development of

behavior problems. Research has provided evidence for the stage-termination hypothesis and found that early maturing adolescents are more likely to exhibit higher levels of internalizing and externalizing behavior problems, including depression and anxiety (Ge et al. 2001), conduct disorders (Graber et al. 1997), and substance abuse (Wichstrom 2001).

Early pubertal maturation for girls constitutes a significant risk factor for internalizing problems including psychosomatic symptoms, depression, anxiety, psychological distress, and low self-esteem (e.g., Stattin and Magnusson 1990; Graber et al. 1997). Early pubertal timing for girls has also been associated with eating disorders, disturbed self-image (Graber et al. 1997), suicide attempts (Wichstrom 2000), substance use, and delinquent behavior (Lintonen et al. 2000).

Among boys, early maturation has been reported to promote psychosocial adjustment (Stattin and Magnusson 1990). Early-maturing boys have been found to be higher achievers with fewer attention and social problems than later-maturing boys (Laitinen-Krispijn et al. 1999), and early-maturing boys appear more satisfied with their physical appearance (e.g., body image) than later-maturing boys (Siegel et al. 1999). However, in other studies, substance use and delinquency (Graber et al. 1997; Lintonen et al. 2000) correlate with early maturation among boys as do suicide attempts (Wichstrom 2000) and depression (Kaltiala-Heino et al. 2001). Late maturation has been considered a risk for poor adjustment and negative self-perception (Graber et al. 1997; Laitinen-Krispijn et al. 1999).

58.6 Relationships with Parents, Nonparental Adults, and Peers

58.6.1 Relationships with Parents

The direct effect of parental bonding on well-being during adolescence has been studied extensively. During the course of the past 40 years, many studies have been conducted to explore parental involvement and its effect on adolescents' psychological well-being. The importance of the family's role has been recognized for its influence over adolescents' psychosocial adaptation and in avoiding deviant and risky behavior. Various studies recognize that satisfactory relations with parents (and peers) are connected to a more positive outcome in this stage of development (Doyle and Markiewicz 2005).

A growing number of researchers have become interested in the framework that parent-adolescent *attachment relationship* is related to the well-being and adjustment of adolescents. According to Ryan and Decy (2000), during adolescence, the satisfaction of the basic psychological needs within secure attachment relationships determines a view of themselves as purposive, self-initiated individuals capable of coping with future events. Research generally supports the belief that secure attachments with parents during infancy, childhood, and adolescence are linked with positive representations of the self, including high levels of self-esteem and self-efficacy. The quality of the attachment between the child and the parent seems

to contribute to the development of social relationships, emotional regulation, and the way the child copes with subsequent development issues. The positive aspects of the parent and peer relationship are highly correlated with an adolescent's overall life satisfaction. For example, Armsden and Greenberg (1987) revealed that parental attachment contributed positively to adolescents' self-esteem and life satisfaction and negatively to the measure of anxiety, depression, and feelings of alienation and also appeared to enhance adolescents' well-being by increasing their self-esteem and diminishing feelings of depression. In a longitudinal study involving approximately 200 15-year-old German adolescents, Noack and Puschner (1999) found that those from families with high socioemotional bonds obtained higher self-esteem scores as a measure of psychosocial adaptation. Those whose families were low in connectedness reported higher levels of aggressiveness and depressive mood.

Similarly, research outside the field of attachment typically found strong links between warm and supportive *parenting practices* and high levels of self-esteem during adolescence and young adulthood (Harter 1990). Perceived parental involvement affects adolescents' sense of psychological well-being, notably in regard to self-esteem and self-evaluation, peer relationships, and frequency of negative familial life events. Adolescents determine personal self-worth, self-efficacy, and self-esteem based on perceptions gained from parental involvement, thus perceived parental involvement is essential to an adolescent's psychological well-being. Flouri and Buchanan (2003) found that parental involvement notably affected adolescents' levels of psychological well-being based on their study of 2,722 British adolescents whose ages ranged from 14 to 18 years. More specifically, they noted the psychological well-being concept of happiness was positively related to self-efficacy and age while being negatively related to feelings of depression. In a study by Gecas and Schwalbe (1986) of 620 16- to 17- year-old adolescents, parental support was affiliated with adolescent self-evaluation, with an increase of perceived parental support improving the adolescents' self-evaluations. In a study by Amato and Ochiltree (1986), self-esteem was found to have positive correlation with adolescents talking with their fathers, perceiving their fathers to be interested in their lives, and frequency of family activities.

The authoritative/democratic parenting style was found to be related to positive developmental outcomes, positive adolescent self-evaluations, higher levels of adolescent self-esteem, and adjustment, along with higher levels of intrinsic motivation for learning (Baumrind 2005). High-quality parent–child relationships predict lower levels of adolescent depression and delinquent behaviors and also protect against antisocial behaviors for children in families experiencing marital conflict or disruption (Conger et al. 1997). Parental support predicts reduced levels of depression, psychological disorders, externalizing behaviors, and behavior problems among youth (McLoyd 1990). Close parental relationships can serve as a buffer for youth against depression and feelings of low self-worth, especially during times of transition such as entering middle school or developing intimate relationships with friends (Wentzel et al. 2004). The effects of supportive parenting were similarly found with Dutch adolescents (Noom et al. 1999). Most researchers

agree that parental affection or support is positively related to adolescent self-esteem. According to Maccoby and Martin (1983), authoritative parenting has a positive influence on a child's competence, self-esteem, and moral development. Likewise, a parenting style that avoids the use of guilt, anxiety, and love withdrawal for use in controlling behavior appears to have a positive relationship with self-esteem in children and adolescents. Doyle and Markiewicz (2005) noted that parenting does affect adolescents' ability to adjust, with parental warmth being an aspect of the authoritative parenting style and an indicator of adolescent self-esteem.

Poorer quality of parent-adolescent relationships was found to influence levels of adolescent depression. For example, Dmitrieva and associates' (2004) study of 201 United States adolescents, 502 Chinese adolescents, 497 Korean adolescents, and 495 Czech Republic adolescents showed that perceived parental involvement and parent-adolescent conflict influenced negative life events. Furthermore, poorer quality of parent-adolescent relationships was found to influence levels of adolescent depression. Consequently, the family-related life events and adolescent behavior problems were influenced by lower levels of perceived parental involvement, higher levels of parent-adolescent conflict, and perceived parental restrictions of adolescent misconduct. Adolescents with poor parent-adolescent relationships were more vulnerable to depressive symptoms in the face of adverse life events than adolescents with more optimal bonding styles, displayed negative avoidance behaviors such as drinking or using drugs, and showed higher levels of aggressiveness (Howard and Medway 2004).

Empirical studies confirm that psychological control is closely linked to adolescent psychological well-being. Maccoby and Martin (1983) suggested that the authoritarian–autocratic type of parenting would result in negative child development, including lack of social competence, lack of spontaneity, external moral orientation, and low motivation for intellectual performance, low self-esteem, and external locus of control. An extensive research literature reviewed by Barber and Harmon (2002) attested to negative effects within children and adolescents linked to parental indices of psychological control and restrictive parenting practices. Such outcomes include reduced self-esteem and depressive tendencies, social withdrawal, feelings of hopelessness, impaired moral decision making, internalizing symptoms, maladaptive perfectionist tendencies, and empathic perspective-taking problems. Olsen et al. (2002) demonstrated that psychological control predicted externalized child problems and Finkenauer et al. (2005) found that parental psychological control predicted adolescent delinquency. Bean et al. (2003) reported that parental psychological control predicted adolescent low self-esteem in African-American and European-American adolescents. In a longitudinal study conducted over a period of 3 years, Conger et al. (1997) observed that over time, psychological control of parents and siblings predicted increases in adolescent adjustment problems and decreases in adolescent self-confidence.

Parents' use of structure and discipline and their consequences for well-being has been examined in several studies. Adolescents who report high levels of physical discipline also report less warmth from family members during childhood

(Rohner et al. 1991). Research conducted by Stratus and Kantor (1994) found that teens who experienced corporal punishment had an increased risk later in life for symptoms of depression, suicidal thoughts, and alcohol abuse. Adolescent girls who have experienced more instances of physical punishment reported lower self-esteem, more feelings of loneliness and distress, and more antisocial characteristics. Straus and Kantor (1994) found that suicidal thoughts were particularly likely in female adolescents who were physically disciplined. Furthermore, Bryan and Freed (1982) found an association between instances of physical punishment and negative social interactions, including fewer friends and a greater likelihood of aggressive behavior during adulthood. A meta-analysis of 88 studies (Gershoff 2002) found that 110 of the 117 effects analyzed indicated that corporal punishment was related to aggression, lack of empathy, mental health problems, and other maladaptive behaviors leading to the conclusion that "although corporal punishment does secure immediate compliance it also increases the likelihood of eleven negative outcomes". Straus and Kantor (1994) argued that corporal punishment experienced during childhood and adolescence plays a role in multiple ills during adulthood such as depression, domestic violence, suicide, child abuse, infant homicide, delinquency, school violence, bondage and masochistic sex, and alienation.

58.6.2 Significant Nonparental Adults

In contrast to previous years, more children are currently living in diverse family structures, including single-parent households, step-families, and cohabitating families. For example, only 67 % of U.S. children are living with both their biological parents (United States Census 2006). Fewer adults are getting married and the rates of households containing nonmarried cohabitating (40 %) and single (28 %) parents are at their highest levels (Popenoe and Whitehead 2007). According to the European Union's (EU) statistical agency, Eurostat (2009), the number of children born out of wedlock in the 27 nations of the EU has doubled over the past two decades, e.g., in the EU-27 some 37.4 % of children were born outside marriage in 2009, with the corresponding figure for 1990 at 17.4 %

Consistent with these social changes over the past 50 years, recent empirical work has demonstrated that youth form relationships with nonparental adults as part of normative development. Most adolescents indicate the presence of a significant nonparental adult (SNPA) in their lives, with rates ranging from 54 % to 82 % across studies (Beam et al. 2002). Adolescents reported that SNPAs, whether in their family or in the community, are able to offer resources that peers are unable to provide and that they are able to tell nonparental adults about situations they would not tell their parents for fear of embarrassment or punishment (Beam et al. 2002). Nonparental adults are teachers, relatives (e.g., grandmothers, uncles), and other community members. Support from nonparental adults has been linked to a number of indices related to academic functioning including higher levels of positive academic attitudes, motivation, school attendance, and academic achievement.

Systematic research on the role of nonparental adults in young people's lives derives from three related but conceptually distinct sources (Greenberger et al. 1998). Research on "resilience," as this phenomenon became known, indicated that the ability to engage the interest of, and respond to the interest shown by, nonparental adults was one of several factors that contributed to better-than-expected outcomes of youth living in dire circumstances. For example, research on resiliency has demonstrated that nonparental adults may have positive effects among adolescents at high risk as a result of poverty conditions and parental mental illness (Luthar and Zigler 1991). Taylor et al. (1993) found that the presence of kinship support was negatively related to African-American adolescents' involvement in problem behavior in single-parent families – generally considered a high-risk context regardless of adolescents' ethnicity. In their study, kinship support has been associated with youth's educational achievement, especially their decision to pursue higher education. An association between the presence of SNPAs and lower levels of adolescent depressive symptoms has been found in cross-sectional studies involving a variety of nonparental adults (Greenberger et al. 1998; Ruiz and Silverstein 2007), both for early and older adolescents.

Other researchers have examined the role of "mentors" in individuals' lives. Mentors were defined as individuals who were at least 8 years older and who respondents indicated had inspired them to do their best and had influenced their decisions. Thus, in studies of pregnant and parenting African-American teens, Klaw et al. (2003) found that the presence of a person the teenage mothers considered a mentor was associated with lower levels of depressive symptomatology, more positive attitudes toward career attainment, and greater life optimism. Zimmerman et al. (2002) found that adolescents who reported having a relationship with a natural mentor reported engaging in lower levels of nonviolent delinquency than youth who did not endorse having a natural mentor. A third line of research has explored the existence and effects of a broad range of nonparental socializers that include but are not limited to individuals who meet the stringent criteria of a mentor. For example, drawing from a lower middle-class population of 11th graders, Greenberger at al. (1998) surveyed students about their "very important" nonparental adult (VIP) – someone at least 21 years of age who has had a significant influence on the adolescent or whom the adolescent could count on in times of need, and who engaged in good "role-model" behavior. They found that adolescents with a VIP were significantly less likely to be involved in misconduct, regardless of the behavior of close friends and family members.

The limited research to date on grandparents with full-time care presents a mixed picture of the benefits for grandchildren (Hunt 2001).The dilemma is that existing research, notably on full-time grandparent care, presents a mixed picture of the benefits for children. In a review of the international literature on kinship care, Hunt (2001) noted that it is not possible to say whether kin care promotes the well-being of children. However, there is some research evidence that closeness and informal involvement of grandparents are associated with reduced adjustment difficulties among grandchildren (Ruiz and Silverstein 2007). Some studies have emphasized the role of grandparent involvement and joint activities in creating emotionally

close and supportive relationships with grandchildren and in affecting their well-being. It has been suggested that informal involvement of grandparents is associated with reduced adjustment difficulties among children and young people. Attar-Schwartz et al. (2009) found that for adolescents in single-parent families and step-families, involvement of the closest grandparent was more strongly associated with reduced total difficulties and specific adjustment difficulties than for adolescents in two-parent biological families. Several UK studies have examined grandparenthood in different family structures based on samples from the UK Avon Longitudinal Study of Parents and Children (ALSPAC). For example, Lussier et al. (2002) examined reports of children and adolescents and their parents on their relationships with their grandparents. They found that closeness to maternal grandparents typically was associated with better child adjustment, particularly in two-parent biological families and stepfather families. Studies have shown that grandparents play an increasing role during times of parental divorce, remarriage, and in single-parent families. Grandparents were identified as a potential resource and as potentially moderating the negative influence of parental separation and multiple family transitions (Ruiz and Silverstein 2007). Wood and Liossis (2007) found that among Australian university students, there was greater emotional closeness for grandparents with better health, higher incomes, and more advanced education. They also reported that the grandparent–grandchild relationship may be of the most importance as a protective factor in the family unit when life events occur and the grandchild is younger than 12 years of age.

Social support from adults affiliated with schools has been linked to greater engagement in and satisfaction with school (Kalil and Ziol-Guest 2008). Teacher support has been shown to be especially influential during the middle-school years in decreasing students' behavior problems and improving their academic outcomes (Brewster and Bowen 2004). Teacher support was associated with lower levels of behavior problems at school, and greater satisfaction with school (Woolley et al. 2009). A prospective study by Colarossi and Eccles (2003) examined the differential effects of parent, teacher, and peer social support on depression and self-esteem of 217 adolescents, ages 15–18 years. They found that higher levels of a combination of emotional and esteem support from teachers predicted lower levels of depression among older adolescents a year later. Among early adolescents, close relationships with adult extended family members have been found to predict lower levels of loneliness 2 years later, e.g., adolescents receiving support from close family in combination with either extended family or friends were better adjusted than were those without multiple support resources (Levitt et al. 2005). In a longitudinal study by Reddy et al. (2003), adolescents who reported higher levels of teacher social support, which appeared to encompass mostly emotional and instrumental support in 6th grade, reported higher levels of self-esteem in 8th grade.

Support from nonparental adults has been linked to a number of indices related to academic functioning, including higher levels of positive academic attitudes, motivation, school attendance, and academic achievement. Positive relationships with nonfamily adult mentors (mainly teachers or guidance counselors) are related to increased physical health, self-esteem, life satisfaction and high school

completion and decreased levels of smoking, depressive symptoms and suicide ideation, risk taking, violence, and gang membership.

Sterrett et al. (2011) concluded that the presence of SNPAs appears to be associated with higher levels of youth self-esteem among diverse samples of adolescents in cross-sectional, as well some longitudinal work. SNPAs may also be helpful in decreasing behavioral and emotional problems among youth. Despite these findings, there is also evidence that SNPAs may not be associated with higher levels of self-esteem, and lower levels of behavioral and emotional problems, thus the characteristics of SNPAs and the contexts within which nonparental adult support is provided, may be important factors to investigate as well.

58.6.3 Relationships with Peers

The quality of the relationship between adolescents and their peers as well as the type of peers they associate with play important roles in aiding or impeding their current and future functioning. Peer relationships can be important sources of affection, intimacy, reliable alliance, feelings of inclusion, and enhancement of self-worth and have been linked to both the current and future well-being of children. Feelings of relatedness with, and belonging to, peers are believed to be significantly associated with early adolescents' adjustment to school, self-worth, and self-esteem. Peers are of central importance in children's and adolescents' academic development, social functioning, and psychological well-being. Friendships can also compensate for inadequate families. For example, adolescents who have low levels of family cohesion but have close and supportive friends have levels of self-worth and social competence equal to their peers who come from cohesive families (Guaze et al. 1996).

Peer behaviors, as well as the quality of the relationships that youth have with their peers, have been shown to be important correlates of a wide range of adolescent outcomes, including psychological, social, and academic functioning. Friends allow for high self-esteem and self-worth, thereby promoting the exploration and development of personal strengths. Literature has suggested that adolescents who are successful in establishing peer relationships display higher levels of emotional well-being and lower levels of emotional distress than those without friends (Wentzel et al. 2004). Acceptance and support from the wider peer group can influence engagement in school, prosocial behavior, and academic achievement (Wentzel et al. 2004). Furthermore, adolescents who are engaged in friendships are more likely to be altruistic, display affective perspective-taking skills, maintain positive peer status (Savin-Williams and Berndt 1990), and have continued involvement in activities such as sports or arts (Patrick et al. 1999).

In addition to the relationship to academic outcomes, peer acceptance also has been found to be significantly associated with self-reported well-being; e.g., engaging in positive relationships with peers has been linked to higher levels of emotional well-being, increased adoption of values for prosocial behaviors, and more positive beliefs about the self (Rubin et al. 2006). Additionally, peer acceptance has been

found to be related to other indices of social and emotional competences such as moral reasoning (Schonert-Reichl 1999). Although far from conclusive, emerging evidence suggests that positive psychological traits such as happiness and optimism are significantly and positively associated with supportive relationships with both peers and parents in early adolescence. In a recent meta-analysis of children's emotionality and social status, Dougherty (2006) reported evidence for a stable negative relationship between negative emotionality (e.g., anger, aggression) and social status and a positive relationship between positive emotionality (e.g., happiness) and social status with a small to medium effect size.

It is important to note that youth may be more likely to be influenced by the behavior, both positive and negative, of the peers with whom they have the best relationships. Some research has suggested that higher quality friendships are associated with more positive youth outcomes, however, other findings, particularly with respect to externalizing behaviors, suggest that higher quality peer relationships may lead to riskier outcomes for youth. Peer relationships influence a wide range of risk behaviors including alcohol use, substance abuse, and sexual activity. A curvilinear relationship between peer relationships and mental health outcomes has been shown in which the two extremes (i.e., spending excess time with friends or experiencing social rejection or loneliness) have negative effects, whereas peer support or friendship has a positive effect (Rigby 2000).

Much of the past empirical research examining the correlates and consequences of peer relationships during early adolescence has primarily focused on understanding the negative dimensions of peer relationships such as bullying, peer victimization, and rejection and their long-term consequences including school withdrawal, mental illness, and behavioral problems. In particular, peer rejection has been found to forecast adjustment problems in later adolescence and adulthood (e.g., Rubin et al. 2006). Socially rejected students can have higher levels of academic and behavioral problems and can be at risk for dropping out of school.

Research confirms that peer relationship problems, such as peer rejection and a lack of close friends, are among the strongest predictors of maladjustment as evidenced by peer rejection, poor physical health, low self-esteem, unhappiness at school, social isolation, external loss of control, anxiety, and depression (Hartup 1996). Hawker and Boulton's (2000) meta-analysis of studies published between 1978 and 1997 found that victims showed more depressive tendencies, more anxiety, lower self-esteem, and a more negative social representation of the self than did uninvolved students. For example, Gilbert (1992) outlined how attacks on peer-group rank, with strong similarities to physical victimization, maintain depression; Baumeister and Leary (1995) suggested that relational victimization can lead to anxiety, loneliness, or depression. Other empirical studies have shown that certain types of maladjustment (i.e., loneliness, depression, anxiety, and low self-esteem) are associated positively with such peer relationship difficulties as submissiveness, social withdrawal, and unpopularity with peers (e.g., Parkhurst and Asher 1992). Such peer relationship difficulties are themselves positively related to peer victimization, and the health effects may continue into later school years. Although

females tend to report more of these symptoms than males, and although males and females are subjected to different types of bullying, there is typically not a sex difference in the consequences of bullying (Slee and Rigby 1993).

58.7 Internet Use and Well-Being During Adolescence

During the past few decades, the Internet has become increasingly important in adolescents' lives. Internet use among teenagers has grown exponentially in the last 10 years (Becker 2000). More than 80 % of American youth, ages 12–17 years, use the Internet and nearly half log on daily (Lenhart et al. 2005). In an EU Kids Online survey (for full details see www.eukidsonline.net) a random stratified sample of 23,420 children ages 9–16 years who use the Internet, plus one of their parents, were interviewed during spring/summer 2010 in 25 European countries. Across all countries, one third of 9- to 10-year-olds go online daily, and rising to 77 % of 15- to 16-year-olds. Given that so many adolescents are spending so much time on the Internet, it is essential to be aware of the impact on adolescent behavior, well-being, and development, as well as concern over the effect on their psychological well-being.

Substantial research on the relationship between Internet use and psychological well-being has yielded mixed findings. While some studies have found that daily Internet use was associated with lower well-being, other studies found contradicting evidence. Lanthier and Windham (2004) found that self-reported negative aspects of Internet use (e.g., negative thoughts, feelings, and experiences) were associated with poor college adjustment. Increased use of the Internet has been reported to be related to higher levels of loneliness and depression (Ybarra and Mitchell 2005). Other studies demonstrated that Internet use is positively related to time spent with existing friends and to well-being. A study by Gross et al. (2002) concluded that the closeness teenagers felt to the people with whom they communicated online was a predictor of psychological well-being. Socially anxious or lonely 12 year-old adolescents were more likely to interact online with strangers or people who were not close friends; well-adjusted teenagers tended to communicate online with close, offline friends. There is also evidence that online self-disclosure is related to friendship formation and to the quality of existing friendships (Valkenburg and Peter 2007).

During the past few years, researchers have begun to study *Internet addiction*, and the negative impact of Internet use on social functioning and psychological well-being. It has been suggested that some adolescents become so involved with certain applications of the Internet that they are no longer capable of controlling their online activity. Internet addiction is associated with broader psychosocial well-being. Thus, studies have reported significant correlations between Internet addiction and loneliness, depression, anxiety, shyness, aggression, introversion, and social skill deficits (Kim, et al. 2008).

A fair amount of attention has recently been given to Internet offenses, including cyberstalking, sexual predation, and cyberbullying which collectively place the safety of children and teens that use the Internet into question. Patchin and Hinduja (2006)

studied 1,500 adolescents and found that 33 % of the respondents were victims of cyberbullying. It appears that the greatest frequency of victimization occurs in seventh and eighth grades. In a survey of 832 teenagers the National Crime Prevention Council reported that 43 % of teens ages 13–17 years had experienced cyberbullying (Moessner 2007). The demographic group with the highest percentage reporting that they had experienced cyberbullying was 15- to 16-year-old girls (Moessner 2007). Victims of cyberbullying consistently report academic problems in relation to the preoccupation with the cyberbullying experience. Students report a sudden drop in their grades, increased absences and truancy, and emergent perceptions that school is no longer safe (Katzer et al. 2009). Psychosocial problems and negative moods are also demonstrated in those who are cyberbullied. Some teenagers harassed by cyberbullying are suffering from depression, having their education compromised, and committing suicide (Patchin and Hinduja 2006). Additionally, depreciated levels of self-esteem (Katzer et al. 2009) have been documented in victims of cyberbullying. Victims also develop a host of social problems including detachment, externalized hostility, and delinquency.

58.8 Conclusion

In this chapter I have reviewed factors related to well-being during adolescence, including many different dimensions of adolescents' lives as well as describing the importance of relationships and formal and informal supports, as this is coherent with the conceptualization of the adolescent as described in the holistic perspective (Bergman 2001). The analysis of the existing literature clearly shows that the well-being of adolescents is related both to individual and contextual factors. The health of adolescents is integrally shaped by the daily contexts in which they grow and develop. For a large number of adolescents living in poor countries, the primary threats to their health are the devastating daily living conditions brought on by poverty, while adolescents in developed countries suffer from obesity, eating disorders, and an increasingly sedentary lifestyle. Socioeconomic status appears to be an important determinant of health and well-being.

The self-concept is regarded as both a risk factor influencing social functioning and problem behaviors during adolescence contributing to different kinds of mental health problems and protective factors that impede psychological problems and promote general well-being. Body image satisfaction is an important issue during adolescence because of the tremendous physical, cognitive, and social changes that occur during this developmental period. Adaptation to the bodily changes of puberty exerts a strong influence on adolescents' social adjustment, psychological well-being, and health behaviors. Relationships with parents and SNPAs are linked with well-being during adolescence. Peer behaviors, as well as the quality of relationships have been shown to be important correlates of a wide range of adolescent outcomes including psychological, social, and academic functioning and well-being.

Thus, the literature reviewed in this chapter has highlighted important factors related to well-being during adolescence. These findings suggest that it is crucial to consider both the personal and social dimensions of adolescent life when examining adolescent well-being.

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