ADOLESCENT SEXUAL DEVELOPMENT AND SEXUALITY

Assessment and Interventions

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Chapter 3

Adolescent Emotional Development and Romantic Attachments

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Young love is a flame; very pretty, often very hot and fierce, but
still only light and flickering. The love of the older and disci-
plined heart is as coals, deep-burning, unquenchable.
—Henry Ward Beecher (1813–1887)

The emotional development of the adolescent has been the subject of much
discussion. Once called a time of *sturm und drang*, or storm and stress, the years
between 13 and 18 are often viewed with dread by parents, teachers, and other
adults working with teens. Yet, the adolescent years are perhaps the most impor-
tant in an individual’s life, providing the testing ground for the essential transi-
tion from child to adult. Emotional development is perhaps the most challeng-
ing. Moodiness, conflict, and distancing regularly occur within the teen’s fami-
ly, particularly during the middle adolescent years. This chapter presents an
overview of the critical characteristics of the emotional development of the teen
as well as the nature of romantic attachments in adolescence.

NORMAL ADOLESCENT DEVELOPMENT

Erikson (1998) was among the first to identify the developmental tasks for
the healthy personality. The critical task for adolescence is the development of
identity. It is a time of questioning previously held ideas about the self. Teens
begin to explore how they appear in the eyes of others as well as perceptions of
self. The danger during this time is that of role diffusion. Adolescents will have
doubts about who they are, their sexual identity, and their goals in life and they
will overidentify with those around them. Love at this stage is an attempt to further define the self. The task of identity formation is the foundation for the next step, the development of intimacy.

Adolescent development can be divided into three stages: early, middle, and late adolescence. This chapter outlines the typical emotional responses and behaviors of adolescents for each stage, categorized into issues addressing independence, emotions and affect, relationships, physical appearance, school and work interests, and sexuality and romantic attachments. This outline is adapted from the American Academy of Child and Adolescent Psychology (2002).

Early Adolescence

This category comprises adolescents from 12 to 14 years of age.

- **Independence**: Initial movement toward independence with a new developing sense of identity
- **Emotions and affect**:  
  — Experience of labile moods, mood swings  
  — Tendency to return to childish behavior, fought off by excessive activity  
  — Enhanced ability to describe one’s emotional state with words (yet, emotions are still more likely to be expressed in actions than words)
- **Relationships**:  
  — Close friendships become important; less attention shown to parents.  
  — Occasions of disrespect, irritability, and impatience.  
  — Recognition that parents have faults.  
  — Search for new people to love in addition to parents  
  — Same-sex friends and group activities
- **Physical appearance and body**:  
  — Peer group influences interests and clothing, makeup and hair.
- **School, work, or career interests**:  
  — Career interests are not important with more interest in present/near future.  
  — Greater ability to work  
  — Ethics and self-direction established through rule and limit testing
- **Sexuality and romantic attachments**:  
  — Girls enter puberty earlier than boys 12–24 months.
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- Shyness, blushing, and modesty and an interest in privacy.
- Experimentation with body (masturbation)
- Concerns about normal development

Middle Adolescence

This category comprises adolescents from 14 to 17 years of age.

- Independence: Continued movement toward independence revealed through self-involvement, alternating between unrealistically high expectations and poor self-concept
- Emotions and affect:
  - Periods of sadness as the psychological loss of the parents and home takes place
  - Examination of inner experiences, which may include writing a diary
- Relationships:
  - Protests about parental involvement with social life, perception of interference
  - Lowered opinion of parents, withdrawal of emotions from them
  - Effort to make new friends
  - Strong emphasis on the new peer group with the group identity of selectivity, superiority, and competitiveness
- Physical appearance and body:
  - Extremely focused and concerned with appearance and with one's own body
  - Sense of being a stranger in one's own body.
- School, work, or career interests:
  - Intellectual interests gain importance with an interest in moral reasoning
  - More consistent evidence of conscience
  - Greater capacity for setting goals
  - Recognition and growth of ideals and identification of role models
- Sexuality and romantic attachments:
  - Concerns about sexuality and sexual attractiveness
  - Some sexual energies directed into "safe" interests in the creative arts or career
— Frequently changing short-term relationships
— Movement toward heterosexuality with fears of homosexuality
— Tenderness and fears shown towards opposite sex
— Emotional connection to significant other expressed as love and passion

Late Adolescence

This category comprises adolescents from 17 to 19 years of age.

• Independence:
  — More fully developed sense of identity
  — Self-reliance
  — Ability to make independent decisions

• Emotions and affect:
  — Ability to delay gratification
  — More developed sense of humor
  — Increased emotional stability
  — Self-regulation of self-esteem and focus on personal dignity
  — Ability to gain insight into emotions and behaviors
  — Stress on personal dignity and self-esteem

• Relationships:
  — Greater concern for others
  — Recognition of parents as a resource
  — Acceptance of family and cultural traditions as well as social institutions

• School, work, and career interests:
  — More defined work habits
  — Stability interests
  — Ability to process ideas and express them in words
  — Ability to compromise
  — Pride in one’s work
  — Increased level of concern for the future
  — Thoughts about one’s role in life
  — Ability to set goals and follow through
• **Sexuality and romantic attachments:**
  - Concern with serious relationships
  - Clear sexual identity
  - Capacities for sensitivity and caring, sensual love

**ROMANTIC ATTACHMENTS IN ADOLESCENCE**

The adolescent romantic relationship provides opportunities for adolescents to move toward establishing the potential for intimate relationships while developing their own sense of identity. Most of the research and literature in the area of romantic relationships address heterosexual relationships, but a number of authors suggest that similar developmental patterns occur in same-sex romantic relationships (Furman & Shaffer, in press).

Early interactions among opposite sexed adolescents occur in the safety of the larger peer group or crowd. After spending their middle childhood years socializing with the same sex, the crowd offers a comfortable environment to test out these new romantic liaisons as they “hang out” together. As adolescents mature, their romantic relationships continue to grow although they are still somewhat superficial and short-lived (Furman & Shaffer, in press). Some authors contend that romantic relationships are crucial to the developmental tasks of adolescence such as identify formation, transformation of family relationships, close relationships with peers, sexuality, and academic success (Furman & Shaffer, in press; Sullivan, 1953).

Romantic relationships in adolescence are qualitatively different from romantic relationships during adulthood, yet they are no less important. In reality, romantic relationships are a focal point in the adolescent’s daily life. All aspects of the relationship, as well as the players in these daily dramas, are open to analysis and discussion during school and after school hours (Thompson, 1994). The film and literary communities have marketed their products highlighting the ideal adolescent romantic encounter. As a result, adolescents imagine their ideal partner and the ideal romance, but realistic relationships may pale in comparison and confusing media representations can lead young people to inevitable disappointment.

**Clinical Perspective**

From a clinical perspective, those working with teens should not take such romantic relationships lightly. If they dismiss a relationship as minor, they will alienate the adolescent and effectively put a stop to communication. In addition, romantic attachments can have a significant effect on other areas of development, as well as on mental health. An honest discussion of the relationship with
the provider may not only engage the teen and build trust but will also help guide the teen toward behaviors that facilitate health and well-being. An adolescent who is open to talking about his or her romantic relationship will be more likely to bring up other issues of concern (e.g., intimate partner violence, fear of sexually transmitted infections, or pregnancy). These relationships can influence other aspects of the teen’s life as well such as choice of college and career.

Relationships that are faltering can have an influence on other parts of the teen’s life, causing school and family problems. A teen who spends a great deal of time with his or her partner distances him- or herself from friends. The result can challenge the establishment of close peer relationships with others. Dissolved relationships can also precipitate moodiness, loss, and grieving and can even signal the onset of depression (Monroe, Rhode, Seeley, & Lewinsohn, 1999).

Positive romantic relationships, on the other hand, can serve many health-promoting functions. They can offer support and companionship and facilitate the development of identity and intimacy. For the professional they can also serve as another important component of the assessment of the adolescent’s sexuality.

A Guide to Asking About Romantic Attachments

Asking about boyfriends/girlfriends is much more than a social pleasantry; it is also an important assessment tool for the clinician. Here are some suggested questions to stimulate discussion.

1. Is there a relationship at the present time?
   a. Opposite sex or same sex
   b. Significant age/cultural/geographic differences
   c. Is it a public or secretive relationship?

2. How long have they been involved?
   a. Determine if this is a regular “hook up” or casual sex partner.

3. Is it a monogamous relationship?

4. How intimate have they become?
   a. Openly discuss the nature of their intimacy.
   b. If the couple is sexually active, ask how their sexual intimacy has affected the relationship.
   c. Determine if the experience is pleasurable for the adolescent, is there desire and sexual responsiveness.
   d. Ask if there is anything he or she would like to change.
5. How has this romantic relationship affected other parts of his/her life:
   a. Peer relationships?
   b. Academic or extracurricular activities?
   c. Home and family life?
   d. How much time do they spend with each other?
   e. Does the couple regularly spend time with other couples/friends?
   f. Have they changed any plans or goals based on this relationship and, if so, how has that affected the adolescent?

6. Is there any concern about violence; aggression; physical, verbal, or sexual abuse?

7. Offer time for questions and use the session as an opportunity to provide information on healthy romantic relationships.

References


