A STRESS AND COPING APPROACH TO ADOLESCENT SEXUAL DEVELOPMENT

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In this paper it is argued that the normative biological, social and emotional events and processes of sexual maturation in adolescence can be interpreted as stressors. The nature of these stressors varies in terms of the amount of change required to adjust to the event or process, its unexpectedness, suddenness, negativity and uncontrollableness. Young people’s capacity to cope with their sexual development, and the strategies they employ, will depend on the perceived nature of the stressor, the personal characteristics and inner resources of the adolescent, and the level of accessible social support. Personal characteristics discussed include optimism and a positive outlook, hardiness, communication and social skills, restraint/conscientiousness and sense of control. Environmental supports discussed include family, peers, school, and organised religion.

Do you remember the first time you had sex? Your first romance, and what it felt like when it was over? Do you remember wondering if your genitals were normal? Or looking at your face or body and wondering why nature was so cruel? Most of us as adults remember at least some of these events, often with feelings of cringing embarrassment. We may look back and laugh at ourselves, now that these times are set within the broader context of our lives, and see them, if not as unimportant, at least as not worthy of the pain and emotion we expended back then. Now we really know what stress is! Coping with the changes of puberty and the difficulties of learning about intimate relationships can reasonably be described as normative life events or processes. Even so, our own reflections will remind us how stressful these events and processes can be, even if, in hindsight, it seems hard to remember what the fuss was all about.

Indeed, most theories of adolescent development acknowledge coping with sexuality as a central task in negotiating the transition from child to adult, and present this task as a difficult and potentially conflict ridden one. Anna Freud for example, argued that libido, or sexual energy, is a vital factor in the course of development, that sexual development in adolescence always occurs in an atmosphere of turbulence (conscious or unconscious) and that all behaviour, not just sexual behaviour, is
influenced by the direction of sexual maturation. Her view was that because the hormonal upsurge of puberty leads to an increase in sex drives, and this in turn leads to a reawakening and necessary reworking of all the infantile unconscious conflicts, there can be no emotionally painless initiation into adolescence. She pessimistically described adolescence as a 'developmental disturbance' (Freud, 1969). Erikson (1959, 1968) argued that coping with sexuality is an important aspect of identity formation for young people. A strong, secure identity requires accepting the bodily changes of puberty and coming to terms with one's new 'sexualised' body, developing a sexual ideology, and consolidating one's sex role and sexual orientation. These tasks cannot be achieved, according to Erikson, without some degree of 'crisis' in the sense of questioning, re-assessment, and dealing with change, both physical, social, and emotional. Thus in psychodynamic terms, sexual development at adolescence is something to be 'coped' with — it is a stress, a threat to stability and adjustment, a point of conflict.

Holmes and Rahe (1967) and many writers since have researched the influence of stressful life events, arguing that when an individual has to make adjustments to a changing environment, the likelihood of stress is high. Examples of life events they describe as highly stressful are death of a spouse or close family member, divorce/separation, and detention in jail or other institution. Other researchers such as Kanner, Coyne, Schaeffer, and Lazarus (1981) have acknowledged the influence of minor stresses ('daily hassles') and studied their cumulative effect on health and illness. Most of this life event stress research has had an adult focus, so that the developmental stresses of adolescence have not been studied within the particular theoretical frameworks common to stress research. Yet models of stress and coping applied to events like experiencing a marital breakdown or a serious illness may hold promise in understanding the way young people deal with the normative changes of adolescence, in particular, how they cope with sexual development. By coping is meant 'the process of managing demands (external or internal) that are appraised as taxing or exceeding the resources of the person' (Lazarus & Folkman, 1984). Who will be the resilient 'survivors' who move on to more mature development, and who will be damaged and disturbed by the normal life processes of sexual development? Dunn (1988) writes of 'normative life events as risk factors in childhood', noting that ordinary life events can have serious consequences for vulnerable children (and adolescents). These life event stressors and what is known of the coping strategies and protective factors accompanying them will be discussed in the remainder of the paper.

Levels of stress experienced as a consequence of sexual development, and the nature of the coping mechanisms invoked by young people are likely to depend on a range of factors, including the actual and perceived nature of the stressor, the personality, coping strategies and inner resources of the adolescent, and the external resources available to him/her in terms of social and institutional supports (Taylor, 1995). Each of these broad groups of factors will be discussed in turn. As yet, comprehensive research programs which specifically link characteristics of sexual transitions with coping mechanisms do not exist, so much of the following dis-
cussion presents hypotheses regarding such relationships which are based on consideration of other stresses. Where possible, sexuality-based research data is presented.

(a) The nature of the stressor, or what needs to be coped with?

Taylor (1995) describes stressful events in terms of the amount of change required to adjust to the event, its unexpectedness, suddenness, negativity and uncontrollableness. How can these dimensions be applied to sexual development, which is, after all, not an ‘event’ as such, but a process comprising many events, physiological, social and emotional? Sexual development includes dealing with physical and hormonal changes, learning to accept one’s body, managing the upsurge of sexual drives in ways that are satisfying but consistent with the norms and values of the social and cultural groups of which we are part, and negotiating relationships which involve sexual attraction. Many personal decisions accompany sexual development, not only concerning when, whether, and with whom to have sex, but broader issues of how to present oneself to the world, and how one’s sexuality is to be merged with this picture. The ‘changes’ to be coped with are thus both obvious - body changes and upsurge of sexual drives - and subtle - differing (and conflictual) expectations of others and potential confusions within the self.

Using Taylor’s categorisation of factors which make events more stressful, we can hypothesise examples of sexual development events and processes which are likely to lead to an increase the stressful components of these changes.

(i) Stress is greater when the amount of change to be coped with is greater.

Dunn (1988) notes the importance of the ‘familiar, expected architecture of the child’s usual life’ as a factor in coping with developmental change. Adolescents who face many life changes, especially negative ones, during puberty and the transition to adult sexual functioning, are likely to be more stressed by their sexual development. Such changes may include family or school disruptions, illness or disability, or even sexual development that proceeds at a speedier pace than is the norm. Examples of research supporting this contention come from studies of both early puberty and early intercourse. Early first intercourse (eg., below the ‘age of consent’), is widely considered inimical to healthy development (eg., Costa, Jessor, Donovan & Fortenberry, 1995; Jessor & Jessor, 1977; Ketterlinus, Lamb, Nitz, & Elster, 1992), and there is some evidence that it is more likely to occur in situations of social instability. For example, the US National Longitudinal Study of Adolescent Health (the Add Health project), involving over 90,000 participants, found perceived lack of both family and school ‘connectedness’ to be strongly related to adolescents’ early initiation to sexual intercourse (Blum & Rinehart, 1997). In similar vein, Newcomer and Udry (1987) found parental marital disruption was associated with early sexual initiation of adolescent children.

With respect to bodily changes, research on pubertal development suggests that early or late maturing can have stressful effects for young people (eg., Eichorn, 1963; Flannery, Rowe & Gulley, 1993). One less well studied area is the effect of the amount of body change experienced, that is, the extent
of change in appearance which occurs as a result of puberty. Although amount of change may relate to early or late development, there is certainly not a one-to-one relationship. Some young people experience marked changes in appearance, for example they grow very tall, or put on a lot of weight, or 'blossom' in the sense of fitting cultural norms for attractiveness. Others attain adult body shape and size but with a much less marked change in appearance. Do these differences differentially affect stress and corresponding adjustment/coping? One clue that this may be the case comes from the Add Health project which showed that for teenagers, being physically 'out of sync' with peers, for example perceiving that they looked older than their age-mates, led to emotional distress (Blum & Rinehart, 1997). In addition, Silbereisen and Kracke's (1997) studies of German teenagers indicate that early maturers of both genders tend to report more emotional difficulties than their classmates.

(ii) Stress is greater when the change is unexpected/unprepared for.

It seems unlikely that in the modern western world young people could reach puberty without an awareness of what is to happen to them, or that first sexual intercourse could be the surprise that it might have been for our Victorian great grandmothers. Information about sexuality is widely available, yet there are pockets of lack of knowledge. For example, with the average age for first menstruation now a year or more younger than it was for their parents, many girls have their first period while still in primary school, in some cases before any formal sex education has occurred. Silbereisen and Kracke (1997) showed that fast maturing girls who had experienced early menarche felt unprepared for issues of personal hygiene and did not know how to cope with sports during their periods. My own study of Year 6 girls (Moore, 1995) demonstrated that knowledge of menstrual changes was poor, and attitudes expressed toward menstruation emphasised shame, embarrassment and anxiety, and linked periods to incapacity and illness. Periods were interpreted as events requiring deception and denial as coping strategies. Attitudes to menstruation and self esteem were significantly related to menarchal status, with those experiencing early menarche showing more negative attitudes and lower self esteem.

Preparation for change not only includes access to the appropriate information, but also developing relevant skills and the confidence to express those skills. For example, a very practical element of coping with sex drives involves learning to deal with the issue of contraception and protection against sexually transmitted diseases. Being aware of these issues before first intercourse occurs is important, yet many young people find the reality of sexual life rather different from the 'disembodied' theory they learn in sex education classes. For contraception to be effective, planning is required that can withstand the passions of the moment. Learning to enjoy, yet cope appropriately with sexual arousal may be particularly difficult for young people with impulsive temperaments, a risk factor often cited in coping research (e.g., Rutter, 1988). In addition, complex and contradictory norms about sex confuse the issue. For example unwanted pregnancy and sexually transmitted disease are undesirable, yet young people, especially young women, may feel their reputa-

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tions are compromised if they prepare for sex (Lees, 1993). Desirable interpersonal elements of sex such as romance, trust and spontaneity may seem counter to practical elements like sexual protection (Galligan & Terry, 1993).

Another example of change which may be difficult to prepare for concerns the vagaries of romantic relationships. Kaczmarek (1991) argues that the severity of the loss felt when adolescent romantic relationships come to an end is often not recognised. Full-blown grief reactions may ensue involving stages such as denial, anger, depression, and, if the course of grief is successful, eventual effective coping. At the other end of the relationship spectrum, Robyn Moore’s (1997) interviews with New Zealand teenagers suggested that young people needed to be better equipped with the skills and confidence to end undesirable or unwanted romantic and/or sexual relationships. Preparation for these features of sexual life is only ever partially possible, but may be enhanced by some of the individual and social support variables discussed later.

(iii) Stress is greater when the change is sudden/rapid

Pressures or circumstances which lead to sexual milestones being reached earlier than developmental norms dictate are likely to be stressful. Early initiation to sexual intercourse has been shown to be predictive of participation in several problem behaviours. Ketterlinus, Lamb, Nitz, and Elster (1992), using a national (US) sample of male and female youth aged 15- to 17-years reported that sexually experienced young people as opposed to virgins were more likely to have been involved in four types of non-sexual problem behaviour (school suspension/ expulsion, theft, violence, drug-taking). Costa et al. (1995) showed delinquent behaviour, problem drinking and drug-taking, were linked with early sexual intercourse among White and Hispanic adolescents. Early intercourse may also be the result of sexual abuse, with the possibility of long-term traumatic consequences well documented (eg., Browne & Finkelhor, 1986; Mackay, Hacker, & Weissfeld, 1991).

(iv) Stress is greater when the change is perceived as negative

Adolescent peer group norms (and to some extent adult norms as well) regarding appropriate body shape and appearance, styles of relating to others, and modes of sexual expression, are relatively uncompromising. Young people who deviate from these norms may find themselves victimised or socially isolated in ways which negatively influence their perceptions of their own sexual development. Some young people reject the changes within themselves because of unconscious fears about their future as adults or because they have internalised unrealistic norms of appearance or behaviour. In other cases, parents may feel conflicted or openly negative about their child’s passage into adulthood, perhaps expressing this through overprotection or unrealistic limitations on freedom. Family teasing, particularly about physical appearance, was mentioned as an important negative stressor by the young people in Moore’s (1997) New Zealand study, even when the teasing may have been meant in a joking way. The potential consequences of individual, family or peer group beliefs and attitudes which place sexual development in a negative light will depend on the extent that this...
negativity is experienced, and the internal and external resources of the individual under stress. Possibilities range from temporary distress and minor conflicts through to more serious outcomes such as acting out, eating disorders, depression, anxiety, or distorted and anti-social views of sex which last through to adulthood.

An example concerns our society's preoccupation with thinness, so that judgements of attractiveness have become strongly related to issues of body weight. Correspondingly, there has been an upsurge in the syndromes of anorexia nervosa and bulimia among young people, particularly females, with many girls who are healthy weights engaging in unnecessary dieting, bingeing and purging, and excessive exercise, in order to achieve some unrealistic, and often quite distorted, standard of thinness. A different interpretation of eating disorders is that they represent an unconscious rejection of sexual maturity and adult development through a return to a child-like body state (eg., Kessler, 1966). Both the social and psychoanalytic interpretations involve an internalisation of the idea that a necessary part of adolescent development - increase in body mass - is to be repudiated. The cost of this negative internalisation of normal development is high, with eating disorders being hard to treat, sometimes leading to death, and often recurring in adulthood (Millstein & Litt, 1990).

A second example comes from data on the emotional distress experienced by young people who experience homosexual feelings. For example, in a study of adolescents from small rural towns in Australia, the level of expressed homophobia was exceptionally high, yet a significant number of young people indicated that they were attracted to those of the same sex or confused about their sexual orientation. The authors comment on the anxieties and stresses which these young people experience, the difficulties they face in receiving advice, information, and support, and the potential for negative outcomes such as depression and suicide (Hillier, Warr & Haste, 1996). Supporting these comments, the US Add Health project found same sex attraction to be a risk factor for emotional distress and suicidal thoughts or attempts among adolescents in all years of secondary school (Blum & Rinehart, 1997). Some ideas about the mechanism of this risk factor comes from a recent Australian survey of 750 young people who self-identified as being same sex attracted (Hillier et al, 1998). This study showed that nearly one-third of participants believed they had been unfairly discriminated against because of their sexuality, many had experienced verbal abuse, especially at school, and 13 per cent had been physically abused. Ten percent said they felt very negative and despondent about their sexuality. Among the remainder who expressed positive or neutral feelings about their sexuality there were nevertheless many who were experiencing difficulties, such as confusion, isolation, and high rates of illegal drug use. Belonging to a sexual minority has been described as particularly stressful, because unlike those in cultural or ethnic minorities, there is often an absence of support from families (Martin & Hetrick, 1988; Savin-Williams, 1990).

This is particularly the case for young people who may not yet have clearly identified their feelings, disclosed to anyone, or linked up with any support groups. The homophobic nature of the school ground strongly exacerbates these stresses and can jeopardise the
mental health and physical safety of these young people.

(v) Stress is greater when the changes are perceived to be uncontrollable

Aspects of sexual development can seem 'out of control' to the young person. Breasts grow, genitals develop, acne appears, erections happen when they're not supposed to, or menstruation starts on the day of the school swimming sports. Not only are bodily changes inconveniently scheduled, but feelings, too, can seem overwhelming and un­ disciplined. Sexual feelings and crushes can be all-consuming, rejection devastating. Peer pressure can be perceived of as relentless and inescapable. Adolescence becomes a time of learning to cope with these changes and pressures, by using various strategies which will ultimately involve either acceptance or management. While many of the physiological aspects of puberty are not (in the normal course of events) amenable to control, the rate of bodily change eventually slows and stabilises and an element of control is possible, for example over appearance and self presentation. In the feeling and relationship domain, more control is possible but the learning curve can be very steep.

Brooks-Gunn and Paikoff (1997) argue that perception of control over sexual situations is essential to active decision-making in the sexual domain. Decisions about whether or when to engage in intercourse, and what choices to make about protection and contraception are more likely to be consistent with well-being among young people with the self confidence and self efficacy which enables them to take control over the pressures of the moment, whether they be peer pressures or the urgencies of their own feelings. Feeling pressured to have sex before one 'feels ready', or with someone not freely and consciously chosen will be all the more stressful to those young people who do not believe they really have a choice in these matters.

Healthy mechanisms for gaining a sense of control about at least some aspects of sexual development may include planning (for example for contraception), improving communication skills (for example discussing one's sexual values and giving clear messages about the preferred speed/direction of the sexual side of a developing relationship), seeking knowledge about aspects of sexuality about which one is unsure (for example same sex attractions), and seeking social support when feelings seem overwhelming. Other mechanisms might include positive self talk (for example about one's appearance), direct action (for example improving appearance through exercise or good diet), or distraction, escape or avoidance from the stressful event (for example finding new activities and seeking out friends when a romantic relationship has ended).

Unhealthy mechanisms for seeking control might include distraction and avoidance through self-harming activities such as binge drinking or drug taking, or attempts at 'overcontrol' of the self as are found among those with eating disorders (Minuchin, Rosman & Baker, 1978). Behaviours such as sexual harassment and rape can be interpreted as highly inappropriate ways to manage personal feelings through the control of others.

(vi) Concluding comments on the nature of the stressor

Some of the above 'event' factors which are likely to be associated with stress in
adolescent sexual development can be ameliorated through good sex education, and a society that is both tolerant of diversity and views adolescent sexual development as a normative, positive process as opposed to deviant process. A ‘whole life’ context in which developmental change occurs against a background of ‘connectedness’ with others seems important, as does the luxury of choice to develop at one’s own pace. Within such a context, describing the process of sexual development as a set of stressors may seem overly pessimistic, rather in line with the bumper sticker which states ‘Life is a terminal illness’. Many, perhaps most, young people greatly look forward to achieving sexual milestones, and can adjust to and deal with their sexual development without any negative effects of more than a temporary nature. However, in situations where stresses of development are magnified for whatever reason, or when the course of normal development is thwarted or traumatised through extremely negative events like sexual abuse, individual and social resources related to coping must come into play. These will now be discussed.

(b) Personality, coping strategies and inner resources of the adolescent. Who copes best?

A range of individual factors have been postulated to relate to healthy coping in general, or to coping with aspects of sexual development in particular. Some of these are listed below.

(i) Optimism, positive thinking, happy or placid temperament

Many texts on stress and coping discuss the above factors (or similarly named variables), comparing them with pessimism, negative affect and the like in terms of their influence on resilience to stress. Taylor (1995) reports that optimism is more likely to be associated with problem-focused coping (analysing the problem and planning ways to deal with it), seeking social support, and emphasising the positive aspects of a stressful situation. Pessimistic individuals are more likely to use less successful coping strategies, such as trying not to think about the stressor, or conversely focusing only on the stressful feelings rather than ways of managing the situation. Research on optimism and pessimism has not been carried out as far as I am aware in the field of adolescent sexual development. Hypothetical examples of how these variables could work in the sexual domain are readily imagined. One example might be a situation in which a young person would like to develop a romantic relationship with another, but initial overtures have been met with rejection. The pessimist is less likely to persist or try to plan ways to improve his or her chances, more likely to engage in self blame, and ‘catastrophise’ about future encounters. The optimistic adolescent can more readily put the rejection in context, make rational decisions about whether to persist, and discuss with others or think about better ways to make approaches in the future. Positive self esteem, a related characteristic, is also thought to moderate the effects of stress, for example through limitations in negative mood change (Whisman & Kwon, 1993).

(ii) Hardiness

Kobasa (1979) introduced the term ‘hardiness’ to describe the personality characteristics of a group of businessmen who experienced high stress but re-
mained healthy. Hardiness is composed of three aspects - sense of commitment (the tendency to involve oneself with issues); sense of control (the belief that one can influence one’s environment); and sense of challenge (willingness to take on new tasks and accept change). Taylor (1995) suggests that hardy individuals are likely to appraise potential change more positively, and take active measures to confront and deal with change. They are more open to learning from experience. Although the concept has been criticised methodologically, for example by Funk (1992), the links between hardiness and adolescent sexual development could be a fruitful avenue for research.

(iii) Communication and social skills

Young people who can engage the support of friends and the peer group in general are in a better position to cope with problems arising from their sexual development than those who are socially isolated. Every day issues which can loom large for young people - dealing with acne or an uncoordinated body, rehearsing how to behave or what to wear at social events, or seeking solace when a romance goes wrong - are much more readily coped with by young people who have someone they can talk to. Adolescents who are most successful in forming peer friendships are also those who have greatest success with romantic and sexually-based relationships (Strubel, 1996). Social and friendship skills and supports developed prior to adolescence may act as protective factors for young people facing the stresses of forming romantic attachments. Longitudinal studies of children, reviewed by Caspi, Elder and Herbener (1991) indicate that long term outcomes of poor social skills in childhood and youth include marital instability and dissatisfaction in adult life.

Humour has been suggested as an internal resource which facilitates coping with stress (Cousins, 1979; Moody, 1978). While this is likely to be largely because it diffuses tension and anxiety, its use may also function as a way of attracting the support of others, that is, as a social skill.

(iv) Restraint, conscientiousness and sense of control

These somewhat overlapping variables have been postulated by various writers to assist coping. As mentioned previously, change viewed as more amenable to personal control is viewed as less stressful than uncontrollable events. Individuals with a higher internal locus of control have stronger beliefs in their ability to influence events, and are more resilient to stress (Taylor, 1995). Compas, Branez, Malcarne and Worsham (1991) showed beliefs about control were important protectors against the negative influences of stress for children and adolescents, as well as adults. Experiences which build up young people’s senses of mastery and self-efficacy through for example, practice in decision-making, are important elements of the education process, particularly sex education.

A variable related to sense of control is restraint, which refers to control over one’s own actions as reflected in the ability to delay gratification, inhibit aggression, exercise impulse control, be considerate of others and act responsibly. Feldman, Rosenthal, Brown and Canning (1995) in a longitudinal study of 77 boys from Year 6 to Year 10 found that learned restraint was a mediating factor in sexual risk-taking. Boys who
were low on restraint at age 16 engaged in more forms of behavioural misconduct, and had more sexual partners than high restraint boys.

Conscientiousness (incorporating traits such as competence, orderliness, self-discipline and deliberation) is thought to moderate the stress-illness relationship in adults (Friedman et al, 1993), possibly because these traits relate to better health practices. Among adolescents, Gullone and Moore (1999) showed conscientiousness to be negatively related to reckless risk-taking, including having unprotected sex. These relationships suggest that less mature sexual behaviour, in the sense of not being consistent with well-being, relate to this particular aspect of personality which seems to encapsulate coping through a planned and controlled approach to events.

(v) Choice of coping strategy

Coping strategies have been variously categorised, for example as problem focused versus emotion focused (Folkman, Schaefer & Lazarus, 1979), approach (or confrontative) versus avoidant (Herman-Stahl, Stemmler & Petersen, 1995), or salutary effort versus stress palliation (Jorgensen & Dusek, 1990). Optimal adjustment, both in the sexual domain and for life stresses in general, appears to be associated with coping strategies which involve a high proportion of active problem solving (approach, problem focussed and salutary effort strategies) (Taylor, 1995). Nevertheless there is a place for strategies which involve focusing on emotional elements of the situation, or minimising, finding distractions from, or even temporarily avoiding the issue. For example dealing with acne in the long-term may involve planful strategies like attending to diet, but in the short term a pimple on the chin before a big date may be better dealt with by humour (emotion focused) or minimising. Finding distractions as a temporary way of dealing with painful emotions of rejection may also be healthy, so long as the distractions are not inimical to well-being in themselves, for example over indulgence in alcohol. One of the important aspects of problem focused strategies for coping with the stresses of sexual development is that these strategies enable young people to learn from experience, through reflection and cognitive restructuring, discussion with others, self-education and planning. Over-reliance on emotion focused and avoidant strategies may in the long run relate to depression and a sense of helplessness, or lack of control (eg, Ebata & Moos, 1994). Taylor (1995) argues that a matching of strategies with stressors is one of the keys to successful coping, with emotion focused and avoidant strategies more suited to situations which cannot be changed, and problem focused strategies to situations where one's own efforts can make a difference.

(c) External resources available (social and institutional supports). What helps?

Families, schools, peers, and social institutions have an effect on adolescent coping/resilience in general and sexual coping in particular. As mentioned previously, Blum and Rinehart (1997) report from the US National Longitudinal Study of Adolescent Health (Add Health) that sexual debut among young people occurs at a higher age among families with a high sense of connectedness, that is, where there is a
high perceived degree of closeness, caring, feeling understood, loved and wanted, and where the adolescent feels satisfied with parental relationships. Early sexual intercourse and teenage pregnancy was also less likely among families where adolescents and their parents spend time together in joint activities, according to this large US study. In addition, parental presence in the home at ‘key’ times of day (before and after school, dinner time and bedtime) acted as a protective factor against adolescent emotional distress, presumably because these are the times when young people are more likely to seek access to support, either directly, or indirectly through angry, withdrawn or agitated behaviour.

School connectedness too was associated with more healthy outcomes for young people, both sexually, in terms of later age of first intercourse, and generally through lower levels of emotional distress. By school connectedness was meant a perception that the teachers treat students fairly, the young person feels close to people at school and gets along with teachers and other students.

A strong religious identity related to later sexual debut in the Add Health study, a finding which has been shown in previous research (eg., Devaney & Hubley, 1981). This relationship may in part relate to the sanctions imposed by most religions on non-marital sex, in part to the social support which church membership gives to chastity, and in part to the sense of coherence/meaning imparted by religious belief which may act as a protective factor against stress (Antonovsky, 1979) and thereby reduce the need to ‘act out’ sexually.

In general, coping appears to be greatly assisted by social support, either by peers, family, schools or other institutions. By social support is meant information from others that one is loved and cared for, esteemed and valued, and part of a network of communication and mutual obligation. Taylor (1995) suggests that social support may take different forms, ranging from appraisal support (helping a young person understand the stressor better and martial resources to cope with it) through to tangible assistance, including material aid, provision of information, and emotional support (listening, reassuring, distracting, offering feedback, etc). In the case of sexual development, the peer group has a particularly important role to play in offering support for at least two reasons. First, confiding in families about sexual matters can feel uncomfortable to young people (and their parents) because of privacy norms and incest taboos (Katchadourian, 1990). Second, sexual attraction is for the most part directed within the peer group, and courtship norms within our society are to some extent age specific. Thus peers have the knowledge and the credibility to advise and support young people in situations involving many aspects of sexual development which involve stress, such as the break up of a romantic relationship. They may not of course be in such a good position to offer appropriate support for stresses like unplanned pregnancy or sexually transmitted diseases.

One important aspect of external support for young people coping with sexual development is their opportunity for effective sex education. Coleman and Roker (1998) attempt to sum up general principles of good sex education in four generic points, which they admit may have elements of contention. The first is that sex education should move beyond a solely biological approach to one
that includes consideration of sexual dilemmas and contradictions in behaviour and relationships. The second is that sex education should teach communication skills, and in particular work to improve understanding and communication between males and females. Thirdly, Coleman and Roker believe that any sex education program needs to recognise and take account of the very different levels of knowledge and understanding of sexuality that are likely to be present in any group of adolescents. Finally, these authors argue that sex education programs should not preempt decisions that young people are likely to make in the sexual domain, rather they should provide information and skills that allow young people to make their own informed choices.

In conclusion ...

Young people learn to cope with their sexual development successfully or unsuccessfully depending on the degree of stress they face and how it is perceived, their own internal resources, and the nature of external supports available to them. The desired endpoint of sexual development is, however, quite unclear. The idea of 'mature sexuality' has different meanings and emphases to different groups within society, and the end of adolescence by no means heralds the end of struggling with these meanings.

References


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