

The teenager's reality

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Jean Piaget (1973) has argued persuasively that as children develop they construct and reconstruct reality out of their experiences with the environment. Reality, from this perspective, is not something entirely outside of us and which we merely copy or photograph with our senses; rather we always participate in and contribute to what we know as reality. Two people can, for example, witness the same event, yet come away from it with quite different impressions of what they have observed.

While the notion that reality is a mental construction is commonly accepted in cases such as the example given above, Piaget argues that construction is present in all aspects of our knowledge. In addition, since children have different mental abilities than adults, their realities will differ in fundamental ways from the realities constructed by adults. Young children, ages four to six, believe that everything in the world has a purpose, that parents are all knowing and all powerful, and that events which occur together cause one another.

Piaget's work has helped us to understand the different realities constructed by children and adolescents and how these differ from adult realities. This understanding has more than theoretical value and has quite important practical consequences. This is true because as humans we have a dismaying tendency to attribute bad motives to people who fail to share our reality. This is most obvious when some Americans travel abroad and get angry at natives of the host country when they do not behave in the same way that people behave "back home." People in different cultures have different realities too, and they may not behave as we do because their cultural reality is different from our own.

The idea that reality is a construction should not be taken to mean that all differences in realities are due to differences in age and experience. Some realities are not only different but, like prejudice, are bad. To say that reality is a construction and that many realities are simply different from one another and are not bad or good but morally neutral, should not be taken to mean that all realities are morally neutral. Our real task is to discriminate between those realities which are morally neutral, simply different, and those which are not.

When we understand the realities of children and adolescents, then, we are also able to avoid attributing bad motives to behaviors that children and adolescents engage in because of their differing realities rather than because of their bad "characters." This paper reviews some of the realities constructed by adolescents as an aid to a better understanding of their behavior and as a means of preventing our attributing bad motives to actions which derive from different but quite innocent realities.

Thinking in a New Key

To understand the realities constructed by teenagers one first has to review the new mental abilities which emerge in early adolescence and which make these new realities possible. From ancient times, the age of six or seven has been recognized as the age of reason. It was Jean Piaget, however, who demonstrated that there was in effect a "second" age of reason which emerged in early adolescence. Just as the first age of reason was associated with the syllogistic logic of Aristotle, Piaget identified the second age of reason with the new symbolic (propositional) logic of Boole and others.

The difference in these two logics highlights the difference in the thinking abilities of children and adolescents. First of all, syllogistic reasoning deals with only two variables. In the syllogism: "All men are mortal;" "Socrates was a man;" "Socrates was mortal." The two variables are men and mortal. Secondly, the syllogism deals only with established facts and categories and cannot deal with possibilities.

Symbolic logic, in contrast, deals with multiple variables as well as with probabilities including those which are contrary to fact. Consider the following possibilities: "It is rainy and cold" (pq); "It is rainy and warm" ($\bar{p}q$); "It is dry and cold" ($p\bar{q}$); "It is dry and warm" ($\bar{p}\bar{q}$).

There are four variables and the propositions have to do with possibilities rather than with realities. In addition, these various propositions can be combined with regard to their logical truth without regard to what is

happening in the real world. If it is rainy and cold (pq), then it cannot be dry and warm (\overline{pq}).

While syllogistic logic has to do with deduction, going from the general to the particular, symbolic logic has to do with processes like implication, negation, reciprocity, and correlation. The differences in these two logics define the differences between the reality constructions of children and adolescents. That is to say, children can reason about the here and now with a couple of variables whereas adolescents can reason about multiple variables and with possibilities including contrary-to-fact propositions. This is easy to demonstrate in a concrete way. All one needs to do is to ask an eight year old and a 14 year old the following question: In a world where coal was white what color would snow be? The eight year old, unless he was extremely precocious, will have great difficulty with this question and will get hung up on the fact that coal is black not white. The 14 year old, in contrast, will have no problem with dealing with the possibility of a world in which black was white and vice versa.

Reality Constructions Associated with Thinking in a New Key

The new level of logical thinking attained by adolescents makes it possible for them to construct much more abstract concepts of space, time, and number than was true when they were children. Adolescents, for example, can begin to imagine the length of time involved in a century and thus begin to acquire a true sense of historical time. In the same way, teenagers can begin to get a true sense of geographical space and even a beginning sense of celestial space (i.e., light years). After the age of 13, most teenagers can also begin to grasp algebra, a second order symbol system in which letters stand for numbers. In short, the conceptual world of the teenager has much larger and deeper time, space, and number coordinates than is true for the child.

These newly acquired mental abilities are not without their drawbacks, particularly in the early stages when they have just begun to be acquired and the young person is not quite used to them. The situation is not unlike that of the young man who suddenly grows six inches in height and has to get used to looking down rather than up, at his parents, to being careful not to bump into things, and to adjust his reach to the new length of his arms; or that of the young woman who matures physically over the summer and has to deal with boys and men who now look at and respond to her in different ways than they did before. In the case of teenagers' new mental abilities, their initial awkwardness in dealing with these abilities results in some characteristic mental structures which frame the teenagers' reality.

The Imaginary Audience

Children think, but they do not think about thinking; teenagers do. A simple research illustration may help to make this point more concrete. In studies of religious development (Elkind 1978) large numbers of children and adolescents from different religious denominations were asked questions designed to elicit some spontaneous ideas about their religious denomination. One of those questions was, "Can a dog or a cat be a Protestant (Catholic or Jew)?" The children (7-10 years) answered that the pet might be, if they thought of it as belonging to the family. But when they thought of the practical consequences, they insisted it could not be because "He would bark and the minister (priest or rabbi) wouldn't let him in to the church (synagogue)." Teenagers, in contrast, answered, "They don't have intelligence, they can't understand, they don't believe..."

When young people begin to use terms like "intelligence", "belief", and "understanding", they give evidence of having begun to think about and to conceptualize thinking. Nonetheless, because young people are still unused to their new mental abilities, they make characteristic errors when it comes to thinking about thinking. Although they can now think about their own thinking and about the thinking of others, they routinely mistake what other people are thinking about with what they are thinking about. Just as the young child has difficulty putting himself or herself in the physical place of someone else (a young child makes mistakes when asked to name the right and left hands of someone standing opposite him), the teenager has trouble taking the mental position of another person when it is different from his own.

Because young teenagers must adapt to the momentous changes in their bodies, feelings, emotions, and thinking, they are entirely preoccupied with these efforts. And when young teenagers contemplate what other people are thinking about, they simply assume that everyone else is thinking about what they are thinking about, namely, themselves. They tend to assume that everyone is as concerned with their bodies, their actions, their feelings as they are themselves. Accordingly, they construct what I have called an imaginary audience (Elkind 1967). They assume that they are constantly being observed, admired, or criticized by others.

Although the imaginary audience first appears as an error of adolescent thinking, it becomes in modified form, a construction that all of us carry with us for the rest of our lives. The audience serves important social as well as personal functions. For example, the audience can serve as a kind of social conscience which may inhibit us from behaving badly even when no one is actually observing us. Because we respond to the imaginary audience as much as the real one, we behave

properly even in the absence of real external constraints.

On the personal level, the audience serves as a powerful motivator for achievement. Success for many of us means not just the attainment of fame, money, and power, but also the social recognition of that attainment. A celebrity is often disappointed if he is in a public place and is not recognized by anyone. Famed anthropologist-economist Thorstein Veblen (1919) argued that people at all times and in all societies have a need to demonstrate (to an audience) their economic surplus either by leisure or by conspicuous consumption.

In young adolescents, the imaginary audience is particularly powerful inasmuch as it has yet to be tempered by experience. Young adolescents, for example, are extremely self-conscious, in part at least because they think that everyone is as concerned with their appearance and behavior as they are. This self-consciousness has several practical consequences. A teenager, for example, might be particularly resistant to wearing braces because he is so concerned about what peers will think. This is in fact an imaginary audience because most other young teenagers are too busy thinking about themselves to be very much concerned about whether or not a peer is wearing braces. Young teenagers are actors to themselves, but an audience to their peers. Young teenagers also construct another reality as a kind of complement to the imaginary audience. When young adolescents come to believe that others are as concerned and preoccupied with their behavior and appearance as they are themselves, they come to believe that they are something special and unique. Why else would everyone be so concerned with them? Consequently, young teenagers construct what I have called the personal fable (Elkind 1967).

The Personal Fable

This fable is in effect a story which we tell ourselves but which is not, or at least not entirely, true. "Other people," the young adolescent tells himself, "will grow old and die, but not I." "Other people may not realize their life ambitions or find the perfect mate, but I will." Like the imaginary audience, the personal fable which appears in adolescence stays with us for the rest of our lives and serves important adaptive functions. We would not do many things, such as board an airplane which will carry us miles into the sky, if we did not believe that we are cloaked in a shield of invulnerability that will protect us from all harm. It is this personal fable which enables us to go on with our lives despite the multiple dangers which surround us.

The personal fable can also be a powerful motivator. If we are sure of our own speciality and uniqueness, we will work hard to realize our potential. The personal fable can also protect us in times of severe stress; the

soldier going into battle always believes it will be the other fellow, not him, who will be wounded or killed. With age, experience, and maturity we progressively modify our fable so that it becomes more realistic, but we never entirely lose our sense of speciality – nor should we; each one of us is indeed unique and special in our own way.

In early adolescence the fable also can have powerful positive benefits if it motivates the young person to work hard to realize his potential; but it can also be a source of conflict between parents and child. A young teenager may feel that his experiences are unique, never experienced before, and never to be experienced again. But parents do not appreciate being told, "But mother you don't know how it feels to be in love," or that "You do not know how it feels to want a car so badly."

The young teenager thus confuses what is common to humankind with what is unique to himself. In the same way the young teenager also confuses what is unique to himself with what is common to everyone else. A young teenage girl with a slight blemish on her cheek may walk around with her finger on the blemish certain that, "I'm ugly, the whole world knows I'm ugly", even though most people would never notice the blemish. This two-way confusion between what is uniquely personal and what is universal is characteristic of the young adolescent.

Negative Consequences of the Imaginary Audience and Personal Fable

One negative consequence of the imaginary audience in young adolescents is that it makes young teenagers particularly susceptible to peer influence. The pressure for young teenagers to wear the same clothing, to use the same idiosyncratic language, and to share the same rock idols stems from this powerful need for peer group (audience) acceptance and approval.

The need to seek peer approval, motivated by the sense of an imaginary audience, can get young people into trouble when they are confronted with decisions about whether or not to use drugs or to engage in sexual activity. When the pressure to make these decisions comes at a later age, after the age of 15 or 16, the power of the imaginary audience and thus of the peer group has declined sufficiently for young people to make decisions on the basis of their own values and standards. But when young people are forced to make these decisions at an age when peer group approval is uppermost in their minds, they may make the wrong decisions for the wrong reasons.

It has to be said at this point that the issue here is not one, or at least not primarily one, of education. Most young teenagers are aware of how babies are made and of the danger of drugs. When young teenagers use

drugs or become sexually active, their engagement in these activities is not usually prompted by lack of information (no more than they engage in smoking for lack of information related to its hazards). Rather the question we have to ask is, given that these young people are aware of the dangers of sexual activity and drug use, why do they nonetheless engage in them? In other words, why do young teenagers take risks?

In part, this is a matter of the power of the imaginary audience and of peer group approval at this age level; but the personal fable also plays a role. Not only is the young adolescent vulnerable because of his sensitivity to the audience, he is also vulnerable because of the fable. When the young adolescent feels the peer pressure to use drugs or engage in sexual activity, the personal fable may contribute by encouraging the young person to believe "other kids will get hooked, but not I," or that "other kids will get pregnant or get venereal disease, but not I." The imaginary audience and the personal fable are powerful contributors to the risk-taking behavior engaged in by young teenagers.

The imaginary audience and the personal fable also contribute to other health-threatening behaviors which we encounter in young adolescents. They play a part, for example, in eating disorders. Obese adolescents like obese adults often do not eat in public. When they do eat with other people they often pick at their food and use artificial sweeteners with their coffee. In this way they try to give the audience the impression of what I have called "immaculate" obesity. They want the audience to believe that they are fat because they breathe the air, not because they eat too much. What the obese person and teenager are concerned about, in part at least, is that the audience knows that they have control over their impulses.

Young people who suffer from anorexia are also very much concerned with the audience. They are constantly checking themselves for any slight indication of fat upon their bodies. What these checks reflect, is the young person's concern that the audience not see any fat upon them. Here again, the young person is concerned that the audience be convinced of the control of his impulses. To anorexics, even the slightest indication of fat is an immediate scarlet letter proclaiming their lack of impulse control.

Both the obese adolescent and the anorexic are concerned with the audience, with impressing the audience with their powers of impulse control. The obese person focuses upon the audience's concern with his actions, namely eating. In the anorexic, in contrast, the young person is concerned with the audience's appraisal of his body, of a "divine" thinness, as it were. Just as the audience becomes distorted in these syndromes, so too does the fable. The obese adolescent often believes that he is really thin underneath and can zip the fat off like a

coat. The anorexic hopes constantly that he is one of those fortunate people who can eat anything without putting on weight. That is why some teenagers alternate between binges and vomiting (bulimia).

There are other health-threatening behaviors which are also associated with the new mental constructions of early adolescence. Consider the child with a physical disability who has been a "gummy youngster" throughout childhood, like the one portrayed on a cerebral palsy poster. When such youngsters reach adolescence they often go through a profound period of depression. With their new mental abilities they are not only able to consider what the audience is thinking about them, but also that the audience shares their new awareness of their disability. They may also reconstruct their childhood and come to believe that people, including their doctors, were only nice to them out of pity. When he reaches adolescence, a heretofore tractable patient may become intractable.

In the same way, some adolescents may begin to take risks with respect to medication in connection with chronic illness in an effort to disguise this illness from the audience. For example, a diabetic or asthmatic teenager may suddenly decide to go off medication as a way of denying to the audience that there is anything wrong. And he believes, thanks to the fable, that nothing will happen to him as a consequence.

The realities constructed by teenagers, then, help us to understand some of the risk-taking behaviors some teenagers engage in with such apparent lack of concern.

Dealing with the Teenager's Reality

How do we help a teenager whose reality is such that it encourages him to engage in one or another troublesome or risk-taking behavior? The first rule to remember is that arguing with some one else's reality almost invariably has the effect of entrenching them in their position; simply agreeing with their reality doesn't work either. When we do this the teenager takes it as condescension and no change is likely to occur. The best strategy is neither to deny the teenager's reality nor to accept it, but rather to put it to the test.

Suppose we are dealing with a young person who insists that everyone will laugh at him if he wears braces. If we argue that many young people wear braces and that everyone recognizes that this is a temporary condition, we still may not make much headway. Likewise, if we accept the teenager's reality and argue that "Yes, they may laugh at you, but that means they are little people, so what do you care?" they may not respond well either.

On the other hand, suppose we say, "Look, I don't think most people notice or care that much whether or not you are wearing braces, but I could be wrong and

maybe you are right and some of the students may say something about it. Look, why don't we test it out. Why don't you wear them for a few days, and if you really catch a lot of flack, then we can talk about what is worse, some temporary unpleasantness or a lifelong unpleasantness associated with crooked teeth."

In most cases, wearing the braces for a few days will be enough to convince the young person that the audience's reaction was not as severe as he anticipated. If the teenager is still resistant, then we have to set out the alternatives and leave it up to him to decide. When given the choice, particularly after a trial period, most teenagers will choose the short-term unpleasantness rather than a lifetime of crooked teeth.

This is just one example of what, in my experience, has been the most effective strategy for dealing with teenager realities which may interfere with their judgment in making health decisions. If we neither argue with the teenager's reality nor accept it uncritically, but leave the issue open to test, we may not only gain the teenager's cooperation but teach him an important lesson in dealing with differences of opinion.

Conclusion

In this paper, I have tried to describe the new mental abilities which emerge in early adolescence and which significantly extend and deepen the teenager's conception of the world. In addition, these new abilities give rise to two mental constructions, the imaginary audience and the personal fable, which can have both positive and negative consequences. In dealing with the negative consequences of the teenager's reality, it is best neither to argue with the teenager nor to accept it, but to engage in a mutual testing of that reality. Young people can accept a more healthy concept of reality if we allow them to arrive at this concept on their own and without coercion.

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