Original Article

Patterns of Culture and Adolescent Health Care

Norbert B. Ralph, PhD
Postdoctoral Fellow
Adolescent Health Care
Department of Pediatrics
University of Texas Health
Science Center
Dallas, Texas

This article presents a framework for understanding the relationship between culture and adolescent health care problems. How modern social scientists view the role of culture in personality development is discussed, as well as its particular significance for adolescence. Specifically, Erikson's view of identity development in adolescence is explored with a look at the special vulnerability of adolescence to cultural change. Three types of cultural patterns described by Margaret Mead are discussed, and also the impact each has on adolescent development. Mead's three cultural patterns are: (1) a postfigurative pattern where youth model themselves after adults; (2) a cofigurative culture where youth take peers as models; and (3) a prefigurative culture where adolescents are largely without models for behavior, and adults, to an extent, learn from youth. Finally, clinical examples of the relationship of culture and cultural change to adolescent health care is discussed. Innovative health care delivery models designed to meet the adolescent health care problems in the case examples are described. Implications of the case examples for adolescent health care more generally are discussed.

Practitioners in the field of adolescent medicine are no strangers to the behavioral sciences, and they are becoming increasingly sophisticated in understanding not only psychologic influences on adolescence, but social and cultural ones as well. While pubescence is a universal biologic phenomenon, its social expression is of course as diverse as the patterns of human culture. The health care provider in his daily clinical work with adolescents encounters these diversities of the universal potentiality of human adolescence. As well, the health care provider, whatever his or her role, must encounter and come to terms with not only the medical and psychologic dimensions of the adolescent, but also the cultural ones.

Presented here is a framework for understanding the relationship of culture and adolescence. I will describe how modern social scientists view the role of culture in personality development, and its particular significance to adolescence. I will examine some current theories of cultural change and its relation to adolescent personality development, and finally give some clinical examples of the impact of cultural change on adolescent health problems.

Culture and Adolescent Personality Development

A central thesis of a number of social scientists—primarily cultural anthropologists such as Mead,[1,2] Benedict,[3,4] and the contributor to Kluckhohn and Murray's classic volume[5]—and a group known as psychohistorians which includes Erikson,[6,7] Keniston,[8] Lifton,[9] and Coles,[10] to mention a few, is that, in order to understand the individual and his behavior, we must understand the cultural context in which it occurs and the meaning of it in his culture. The same behavior can have radically different meanings in two different cultures. For example, the experience that one's soul has been possessed by spirits which speak to him may have very different meanings depending on whether it takes place in rural Haiti or suburban Pasadena. In the former, it is a belief well within the normal range of functioning and, in the latter, would at least be reason for careful psychiatric evaluation.

What can account for the great variability in human behavior in what is biologically defined as a single species? What is in fact unique about the human species is just that very biologic variability. No other mammal lives in as diverse geographic and climatic regions and shows as much intraspecies variability of adaptive patterns as humans. The human animal is unique in that alone among the animals his biologic potential can be expressed in such a variety of ways. What provides the models for this expression of biologic potential is the culture in which the individual lives. Human groups generate symbol systems, artificial cognitive maps that define different realities and give patterned form to this raw biologic potential. By this means, every human group constructs its own unique model of reality. For example, on the basis of studies of attachment and separation behavior in primates as well as human infants,[11] there is good reason to believe that grief and mourning have a biologic basis and are part not only of the potentialities of primate biology, but also of human biology. But the types of things people feel joy or shame about, as well as the types of losses they feel grief about, are culturally

determined and transmitted. Feelings are passed on from parent to child in subtle ways 100 times a day. As the child grows, he comes to accept the way things are, as the model used in his culture of reality. For example, in our culture, the death of a female infant typically would be experienced as a heavy loss to both parents but, in a culture in which infanticide of females is common, it could be viewed as a predestined event that saved the parents from the burden of deciding the fate of the child.

Culture plays an important role in each stage of the life cycle, including adolescence. Among contemporary theorists of adolescence, Erik Erikson stands out as providing perhaps the most influential view of the role of culture in adolescence. Erikson[6,7] views a central developmental task of adolescence as identity formation. For Erikson this means the "... actually attained but forever to be revised sense of the Self within social reality." It is the basic conscious and unconscious self-image of oneself in the world that determines the person's feelings, reactions, and motivation within a variety of situations. It is the total synthesis of part images and identifications of oneself as a male or female, as someone who is part of an ethnic or cultural group, as someone who looks a certain way and interacts with others in certain manners, as one who has certain skills that are valued in certain ways, and all the other things that create a sense of self.

In Erikson's view, adolescence is something similar to what the ethologists such as Lorenz[12] and Hess[13] call a "critical period" for identity formation. Before this period, the child does not have the cognitive ability nor has society placed expectations on the child to warrant this development. And, after adolescence, other tasks offer themselves with greater urgency. In Erikson's view, how this image of oneself-within-a-social-reality develops depends on what has transpired in previous life stages, and lays the groundwork for how future life tasks will be met.

Although individuals are vulnerable to cultural change at any stage of life, adolescence holds its special vulnerability. In developing this sense of self, the adolescent looks inevitably to his culture for the images and models from which this sense of identity will be synthesized. The culture defines the scopes of limits of the possible identities from which the adolescent can construct a self. According to Erikson, identity formation is easiest for those youth who can find an adult identity that is at once in continuity with past roles and patterns, and is also validated by society at large and reinforced by expanding economic or social opportunities. Identity formation is most difficult for those youth who are faced with life tasks that are radically different from previous skills and values, and who have limited opportunities available to them.

A sense of identity is something one has because one has gained it through a sense of validation and esteem in one's own eyes and those of one's contemporaries. What an individual will do to gain this sense of self-worth should not be underestimated either on the individual or group level, and does much to explain the behavior of modern groups ranging from the early Zionists, to the Palestinians and the various youth movements in the United States. As Erikson notes:

> ... should a young person feel that the environment tries to deprive him too radically of all the forms of expression which permit him to develop and integrate the next step, he may resist with the wild strength encountered in animals who are suddenly forced to defend their lives. For, indeed, in the social jungle of human existence there is no feeling of being live without a sense of identity.[7(p130)]

Also, it helps explain why some adolescents would rather be unproblematically, unequivocably bad, even in their own eyes, and engage in delinquent and antisocial behavior. Being a delinquent at least offers some identity, some sense of self, and may be far more attractive than the uncertain or fragile sense of self it replaced.

Types of Cultural Patterns

All human cultures have inevitably shaped the phase of life between childhood and adulthood, the period when the biologic events of puberty transpire. As Keniston[8] points out, however, we have only called it *adolescence* and formally labeled it as part of the life cycle only for the past 100 years. In understanding adolescence, it is important to have an understanding and way of describing the diversity of cultural influences on this phase of life. I think the present century is unique in the range of this diversity not only between different nations, but also within nations. Our century is unique in that at no other time in human history has such a diversity of

cultures existed. At this moment, there are people among the Kalahari bushmen whose life is virtually indistinguishable from the mass of humanity who lived as hunter-gatherers 10,000 years ago; in China, there are those who just now are being assimilated into an industrial culture; and in the Western industrial nations, there are still others who are experiencing what some such as Daniel Bell[14] and others think is still another different social and economic order, what they call postindustrial society. In America, cultural conditions exist which almost span these extremes. Given the speed of 20th century modernization, it is unlikely that this diversity will ever exist again.

How can we classify this diversity and generate some model that will be useful in understanding the phenomena of adolescence? Margaret Mead[2] has provided an important way of understanding and classifying these cultural patterns. She describes three types of cultural patterns with which to classify this diversity: postfigurative, cofigurative, and prefigurative. Each describes the relationship of youth to adult models in his or her culture and the role they play in the adolescent's development of a sense of self. The typology was one Mead developed through her intensive study of various cultures around the world including our own as well.

Postfigurative Culture—The first cultural pattern is what she calls a postfigurative culture. It is one in which change is imperceptible to the members of a given society. The past of the adults is the future of each new generation. For example, the grandparents holding a newborn grandchild cannot conceive of any other future for the child than their own past lives. The essential characteristic of a postfigurative culture, according to Mead, is the assumption expressed by members of the older generation, in their every act, that their way of life is unchanging, eternally the same. As Mead notes:

> When the end of life is already known—when the song that will be sung at death, the offerings that will be made, the spot where one's bones will rest are already designative—each person embodies the whole of the culture.[3(p2)]

The postfigurative culture is the cultural pattern that most human societies have known for most of recorded history, and still exists in certain parts of the modern world. It occurs in societies where cultural change is relatively slow—so slow that it is not really perceptible. For example, the Plains Indians of North America underwent tremendous changes in the 18th and 19th centuries through the introduction of the horse and the new economic and social existence that opened up. However, the change was incremental so that while changes occurred between generations, only occasionally was a point reached where a discontinuity between generations was noticeable.

Postfigurative culture occurs today in many parts of the world that are described as being at a preindustrial level of development. In rural Mexico or Guatemala or most of the so-called "third world," such a generational relationship exists. Such societies exist in parts of the United States today, in traditional communities like those of the Amish or Mennonites. Many segments of American society are only a few generations distant from such cultural patterns. For example, the grandsons and granddaughters of European immigrants have contact through their grandparents with such cultures. This type of cultural pattern will increasingly diminish on the world scene and will probably barely last out the 20th century. Already the natives of the New Guinea highlands see modern jet aircraft as a frequent visitor of their skies and listen on transistor radios to voices their parents would not believe existed. And residents outside of Katmandu, to whom the visit of a European was an infrequent event 20 years ago, see the comings and goings of Americans as a frequent event.

Cofigurative Culture—The second type of cultural pattern Mead describes is what is called a cofigurative culture. A cofigurative culture is one in which the prevailing model for members of the society is the behavior of their contemporaries. In all cofigurative cultures, the elders are still dominant in that they define the limits within which cofiguration is expressed in the behavior of the young. There is a shared expectation that members will model their behavior on that of their contemporaries, especially their adolescent-age mates, and that their behavior will differ from that of their parents and grandparents. Such a cultural pattern is probably the dominant one in many parts of the world exposed to the forces of 20th century modernization. Probably the most familiar example of this is the example of the immigrant. In America, for instance, in the immigrant families of the

early 20th century, the authority of the parents was never in question, just as it was never questioned that the life of the children would be radically different from those of the parents. Already their native language was English and their parents' language, whether it be Yiddish, Italian, or German, was a nearly foreign tongue.

Prefigurative Culture—The third type of cultural pattern described by Mead is what she calls a prefigurative culture. It is a cultural system where adults too learn from children, and it is found primarily in technologically advanced societies that have been called by some authors "postindustrial" societies. This cultural pattern characterizes more and more of the known world. In the past there were always some elders who knew more than any children in terms of their experience of having grown up within a normal cultural system. There are no elders who know about the world into which today's children are born and especially what it means to be an adolescent today. Mead points out that today the situation of many adolescents is similar to that of pioneers arriving in a new land who lacked all knowledge of what demands the new conditions of life would make on them. Those who came later could take their peer groups as models but, among the first comers, the young had as models only their own trial adaptations and innovations. As Mead notes:

> Their past, the culture that had shaped their understanding—their thoughts, their feelings, and their conceptions of the world—was no sure guide to the present. And the elders among them, found the past could provide them with no models for the future.

The phenomenon of what Mead calls a prefigurative culture is a new phenomenon in the world, primarily a development in our society since World War II and the changes in the world that it hailed. In its pure form, prefigurative culture is observable for only short periods, primarily in groups that have suffered large-scale cultural change and discontinuity. More and more, at least in America and the Western world, however, prefigurative culture has come to characterize adolescence as a whole.

Increasingly, adolescents find themselves confronted with really novel cultural conditions that their parents, and for that matter nobody before, has learned to master. An example is the issue of teenage sexuality particularly as it confronts the older teenage girl. Nowhere in her cultural conditioning, unless her background was unusual, was she given models for just how to behave. On the one hand, she sees peers who are sexually active in adolescence but, on the other, she knows this is something that was and will forever be foreign to the experience of her parents. How should she act? She has no map, no guides, no models for this behavior, save if she is lucky, the experience of an older peer or sister. It is by and large an uncharted area. The choices that this generation face are in some way unique because of the new historical, economic, and social realities that have developed, and have created new historical conditions to be coped with.

Is this really different from past generations? Can we say that this is something really new under the sun, or just the latest variation on the eternal conflict of generations? I think the answer is yes *and* no. Such historical change has been present in many cultures at many points in time. But I would agree with Mead that, at least in the advanced industrial nations, the rate and degree of cultural change are not only quantitatively different, but also cultural change has occurred to a degree to constitute a qualitative difference and has created truly new historical conditions that affect the experience of adolescence.

Cultural Change and Adolescent Health Problems

How can we understand the impact of cultural change on adolescence and adolescent health problems? In the following examples, I will discuss two different cultural settings and the types of health problems that emerge in them, and what I think are innovative health care delivery models designed to meet these problems. The situations I will discuss are some 4,000 miles apart—in Nome, Alaska and Dallas, Texas, both very much American and both coping with the problems of cultural change.

Nome, Alaska

Nome, Alaska is at the farthest reaches of the North American continent—150 miles from the Arctic Circle to the north, and 150 miles from Siberia to the west, Its summer is a few brief months when the perennial sea ice retreats from the shore and gives a brief respite from the nearly perennial winter. The land surrounding

Nome is tundra and extends for 500 miles in every direction. But in the 100,000 square miles surrounding Nome, on the thin strips of land bordering the sea, Eskimo culture survives and thrives. In Eskimo villages, life has been altered drastically by the events following the discovery of gold nuggets on the beaches of Nome in the 1890s. Since then, life has progressed from that of a hunter-gatherer society with a preindustrial level of subsistence, to one connected in a thousand ways with American mainstream culture. Although the Eskimo's life has been altered drastically by many events of the past 100 years, much of his life exists in continuity with the ways of ancestors who have lived here for thousands of years. Ever since man came to these barren shores, he has lived the most basic lifestyle, the one that man has lived for most of his historical existence, that of a hunter-gatherer. Today, the Eskimo still use hunting and the food it generates as an important part of their economy, supplementing this activity with a variety of craft occupations or odd jobs.

The ties between family members in Eskimo culture are close and intense; and, in order to literally keep warm, body-to-body and skin-to-skin contact is frequent. The family and the relationships it embodies not only constitute the primary social world of Eskimo culture, but also its primary mainstay in basic survival. Therefore, understandably, the level of attachment and bonding between members is intense, particularly with the children of a family.

In the surrounding thousands of square miles, in the many villages that surround Nome, no high school exists and, by necessity, adolescents must travel from their native villages to Nome to attend a Bureau of Indian Affairs Boarding School. The teenagers, mostly from 13 to 18 years of age, must leave their families and, in most instances, the only life they ever knew. Life at the boarding school presents a dramatic contrast to the life they knew in the villages. Beyond the trauma of the separation from their families that they experience (which is sizable given the intensity of attachment in the Eskimo family), there is the overwhelming fact of cultural discontinuity. Nome and its culture are ultimately dominated by the white man and his cultural values. The values, models, and style of life that were so familiar and esteemed in Eskimo culture are viewed as backward, ignorant, and hopelessly antiquated in the context of Nome. The values, models, and style of life that were so esteemed and valued in Eskimo culture are no longer viable in the new context of Nome. A concrete example of this occurred when a teacher asked a student what he wanted to be when he grew up and he reported "a *hunter*!"—a valued and respected identity in his native village. But the teacher's response was, "Oh, but what do you really want to be," as if this was not really an identity to be seriously considered.

The disconfirmation of the value of traditional aspects of Eskimo identity takes place on a day-to-day basis in a thousand subtle ways. Slowly, the identity models, the whole set of images and actions of oneself-in-the-world that brought the individual a sense of vitality and self-esteem, are devalued in the new context. The Eskimo, competent in the life-or-death school of survival in the Arctic, is asked to develop the same academic and behavior competencies of those millions of teenagers in schools from Massachusetts to California—a task that is as foreign to them as learning Arctic survival skills would be to us. They are caught between two worlds, one seemingly no longer viable nor valued, and the new one where they experience little sense of mastery, and radically discontinuous with their previous cultural conditioning.

The impact of this situation on the Eskimo adolescent and the process of identity formation was profound. Typically, Eskimo adolescents experienced an intense homesickness and mourning over the separation from their families and home villages. These feelings often were followed by a depressed state wherein the youths became demoralized, even apathetic. Of course, such depression was accentuated by the novel school and social tasks that were required of them. Along with a strong sense of loss of the culture of the native village was a striking, seemingly contradictory assimilation of aspects of the so-called "counterculture" in a desperate attempt to find some way of relating that worked. Youths who previously had relatively traditional interests would develop an intense interest in "acid rock" music, long hair and, unfortunately, the "drug culture."

Drug and alcohol use became epidemic. When such abused substances as marijuana, LSD, and hashish were unavailable,

and as was frequently the case, inhalants including gasoline would also be abused. Drug overdoses and suicide attempts were not infrequent, and the rate of accomplished suicides was 20 times the national average for this age range. This was attributable not only to the development of depressive disorders in these youth, but also to particular cultural values in Eskimo culture. Specifically, if an individual feels socially worthless in Eskimo culture, there is no social stigma placed on committing suicide since this was an honorable act among those who had become too old or sick to help in the task of survival in the Arctic.

Faced with a significant health problem, local individuals in cooperation with the Alaska State Office of Substance Abuse took steps to set up some type of service that would help reduce the epidemic psychiatric and drug abuse problems in Eskimo youth. In the early 1970s, the Nome Walk-in Center was established and, like hundreds of other alternative youth services, it provided a particular culture and approach in dealing with the health care problems of youth. Although the services were not innovative, they had never been used with this population. Although the clinic had the services of a consulting psychiatrist available on a part-time basis, as well as other medical personnel, the staff was largely paraprofessional. Not only was crisis intervention and short-term counseling provided, but also milieu treatment in the form of recreational activities was offered by white and Eskimo staff members. Recreation comprised an interesting combination of both traditional Eskimo crafts and activities and aspects of the counterculture-like "sensory awareness groups," that were created as an alternative to drug experiences. Some of the staff were older Eskimo youth in their early 20s who had experienced similar life situations and could serve as guides for those younger. Although findings were tentative, a preliminary follow-up study by the staff after several years of operation showed a significant decrease in adolescent suicide; evidence indicated that the presence of the Walk-in Center contributed significantly to this decline.

A significant aspect of the success of the treatment model discussed was its accommodation in style and manner to the particular subcultural values of Eskimo youth. Although staff members were older and, in some instances, mature professionals, they were able to talk with and engage these youth in both the treatment and activities offered. While seeing activities and values often quite different from their own, they were able to accommodate to the Eskimo youth and develop a working relationship.

Dallas, Texas

The distance from Nome to Dallas is just under 4,000 airline miles. While Nome is 150 miles from the Arctic Circle, Dallas, is 600 miles from the Tropic of Cancer. Outwardly, Dallas has the appearance of one of the prosperous cities of the so-called "sun-belt." Building progresses at a rapid rate and help-wanted advertisements and signs are up everywhere.

But there is an area of Dallas, comprising seven contiguous census tracts known as West Dallas. It is approximately 15 square miles in area, and has a population of about 40,000 people of which, according to the 1970 census, 62% were Black, 35% were Chicano, and 3% white. Also, 53% of the population was younger than 19 years. In 1970, the average family size was five, and the average individual older than 25 years had only an eighth grade education. Furthermore, about 3,000 families in the area lived in public housing. It is an area into which recent immigrants with limited economic resources first move when they reach the Dallas area. The immigrants to this area are from either rural areas in Texas itself or one of the border areas, including Arkansas, Louisiana, Oklahoma, and Mexico.

The typical family head is about equally likely to be either working in a temporary job, have a permanent job at the bottom of an institution system, or be living on AFDC or SSI. If the family is black, most likely it will be a single-parent family with the mother alone or with a female relative. If the family is Chicano, there is about a two-thirds chance it will be intact, with both parents.

For all these groups, the move from home areas to Dallas typically means a transition from a relatively stable, traditional culture, where traditional values still play an important role, to a much more heterogeneous one where values regarding occupation, religion, and stan dards of sexual conduct are diverse and, for the parents, radically different from their own cultural upbringing. For example, for most parents growing up in a small rural town in one of

the border states of Texas, life by and large centered around an extended family group where the position of authority in the family, and in the community, was fairly unproblematic. As well, the authority of certain ethical standards relating to personal behavior were also never questioned, though behavior itself was diverse.

The experience of coming of age in West Dallas, of being an adolescent in 1980, is markedly different than that of a generation earlier. When the adolescents look for guides about how to behave in that all-consuming social world of adolescence, they have no clear models in their parents. The cultural conditions under which their parents grew up were radically different. What youth say, how they treat authority, and what goals they have are different.

The experience of Eskimo youth in Nome more closely resembled that of a prefigurative culture, whereas experience of adolescents in West Dallas more closely resembles a cofigurative one. Though the issue of adult authority in these families is rarely in question, like most adolescents in our culture today, they take as models not the parents so much as other adolescents. Older peers and other adolescents provide them with guides and models of how to behave, but the models they provide are variable and diverse. There is a strong presence of many church and community groups in the area; however, the presence of "street culture" is known personally to every adolescent. They see or know of people engaged in prostitution, pimping, or theft. If they have an admired older friend who is a sports enthusiast or heavily involved in church activities, often they will also get involved. On the other hand, if their friend is involved in "dealing dope," or theft, for a while they will be into such activity as well. Of course, it should be appreciated that there is a range of types of youth within this particular setting, and that no one type is representative of all youth in this area. Some have clearcut commitments to pursuing higher education and the skills to do it, while others find themselves on the fringes of "street culture."

The adolescent, and especially the adolescent girl, is vulnerable in such a situation. She is exposed through the media and street culture to a sexually permissive subculture, one very unlike that her mother knew as a young girl, when sexual activity for adolescents was strictly out of bounds. The norms of today's adolescent culture, the most powerful definers of right and wrong for the adolescent in this culture, hold that if a boy and girl are strongly attracted to each other, and have been boyfriend and girlfriend for a while, they will become sexually active. In the past ten years, such an assumption has become taken for granted in this culture. The girl feels pressure not only from her boyfriend, but also from female peers as well. If a girl is not sexually active by age 17, in the context of this peer culture, she is seen as socially retarded. Not surprisingly, adolescent pregnancy is almost certainly the major adolescent health problem in this community.

The response to teenage pregnancy, like that of the Eskimo youth, required innovative health care to be effective. Before 1974, family planning services to adolescents had several disadvantages which made it difficult for youth to utilize the services. Attendance at a reproductive counseling clinic required the girl to miss a whole day of school to receive initial family planning services. Services were available only on certain days at certain hours. As well, the clinic served all members of the community and, in what was a small community, it was likely that it would become known to others that the adolescent was seeking family planning services. The need to deliver family planning services to adolescents in the context of a comprehensive health care system was seen to be important. The Adolescent Clinic of the Children and Youth Project of the Department of Pediatrics, University of Texas Health Science Center, Dallas, located on a high school campus, began offering such services to its patients in September 1974. These services were available to male and female patients five days a week from 9 AM to 4 PM, and were provided in the context of general medical care, without a special labeling or identification of students.

The issues confronting staff were different than those confronting the staff of the Nome Free Clinic. By no means could they play the role of the older "peer," as was the case with the Nome Free Clinic staff, even though many of the professional staff were younger than 30 years and many were of the same minority groups as the patients. The staff was clearly a professional one, and many had faculty appointments through the medical school. In addition, all were credentialed at least at the

minimum level appropriate for their duties. In many ways, the staff was faced with precisely the same problems that parents were: how to help teenagers deal with issues not part of their own range of experience. The task of professionals in this setting was to provide the youth with information and a model of dealing with a central human issue, namely sexuality, which was not available in the peer group culture. The approach used by the staff was one in which the relationship between patient and health care provider was a central feature and adolescents could begin to explore with an adult, often for the first time, the choices available to them in this and related health areas.

As in the case of the Nome Free Clinic, some tentative data regarding the impact of this health care approach are available. While the pregnancy rate in the area has decreased overall since 1971, from 13 births per 1,000 for all teenagers in 1971 to 7 births per 1,000 in 1977, it is possible to compare pregnancy rates of those served by the Adolescent Clinic and those not receiving services. If this is done, the rate for the 1,070 adolescents served by the Adolescent Clinic is 55 births per 1,000, while the rate for those not served by this agency is 90 births per 1,000. This result, though tentative, is encouraging.

Conclusions

Practitioners in the field of adolescent medicine are becoming increasingly aware of the many factors that contribute to important health care problems in adolescence. What I have attempted to present in this paper is a framework for understanding the influence of culture and adolescent health care. The examples presented here are situations in which cultural change contribute to adolescent health care problems. But the issues described here, I think, are similar to those that every health care provider who works with adolescents must face. Margaret Mead's phrase, "We were never young in their world," is as true for health care providers as for anthropologists. And, if a generation gap exists for parents, it exists for health care providers as well. Paradoxically, just as cultural change contributes to many adolescent health care problems, it also makes exploration of them with health care providers more challenging.

In the 1980s, important consideration of the "culture" of adolescence will have to be given for those providing services to this population. Essential to such programs I believe are two factors: the development of structural and procedural arrangements for health care delivery which facilitate the use of services as in the example of contraceptive counseling, and the development of a working alliance with the youth in which the health care professional shares frankly information he or she has about health care problems and also respects the freedom of choice of the adolescent. This is an ambitious task, but one whose rewards can be substantial.

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