

Preface

This second volume in the three-volume series of my Collected Works has brought together selected publications from a corpus of work over the past half century that has deepened understanding of adolescent health and of the various factors that can compromise or enhance it. As the introductory chapter seeks to make clear, the modern concept of *health* encompasses far more than biology alone and is inextricably a psychosocial notion as well. Understanding the health of adolescents and young adults from a psychosocial perspective requires a grasp on their behavior, the social context in which their lives are played out, and the trajectory of the life course that is being pursued. It is these latter psychosocial aspects that have made the application of Problem Behavior Theory germane for research to advance understanding of adolescent health.

The life stage of adolescence happens to be that segment of the larger life course in which nearly all of the behaviors of interest in this volume are first initiated and the stage in which the determinants of those behaviors are established or consolidated. In that respect, it constitutes a developmental demarcation that is of overriding importance, not only in its implications for health during adolescence itself, but for the fact that what constitutes health in adolescence has reverberating consequences for health in young adulthood and across the later life course.

Although a large number of different health-related behaviors are addressed in the various chapters that follow, it is not intended to be an exhaustive list. What constitutes health-compromising or health-enhancing behavior is not simply inherent in the behaviors themselves but depends in many cases on the social or personal meanings they have or the functions they serve at a particular time in history or at a particular stage of the life course. The meaning of marijuana use, for example, has changed markedly in recent years, from an illegal behavior engaging in which was often an expression of opposition to established authority, to a legal behavior recognized for its medicinal benefits in many states and now acceptable even for recreational purposes in several states. As another example, underage alcohol use has a different meaning and function and elicits a different societal response than alcohol use in adulthood. In addition, technological developments can create new health-related behaviors, e.g., excessive engagement with social media and cyber bullying.

It is also the case that particular health-related behaviors can generate prominent public concern at different historical times and elicit strong societal reactions that can intensify the health impact of those behaviors—teenage pregnancy, drunk driving, and opiate use as examples. Rather than exhaustiveness, the selections in this volume exemplify the impact that a particular subset of behaviors can have on variation in adolescent health.

The diversity of the health-related behaviors dealt with in this volume is notable, unprotected sexual intercourse and risky driving as just two examples of difference. What is important to emphasize—and it is the overriding contribution of the volume—is that, despite such diversity, all these behaviors yield to the very same explanatory account, namely, the account provided by the risk and protective factor constructs of Problem Behavior Theory. *The explanatory role of Problem Behavior Theory is what animates all of the studies reported in the chapters in this book.*

In the Preface to Volume I of my Collected Works, *The Origins and Development of Problem Behavior Theory*, I sought to acknowledge those to whom I am indebted for this cumulative body of theory-guided scholarship. Let me repeat here my indebtedness to all of my students, many of whose names are attached to chapters in this and the earlier volume, and many of whom have gone on to their own careers of scholarly inquiry. My indebtedness extends also to my colleagues whose ideas and hard work have been an enormous and enduring contribution, especially Dr. Lee Jessor early on, and Drs. John E. Donovan and Frances M. Costa in the later years, along with Mark Turbin.

I am also indebted to Dr. David Hamburg for encouraging me to engage with the problem of adolescent health in 1978 and for subsequently inviting me to serve on the Carnegie Council on Adolescent Development, a position that broadened my perspective and deepened my understanding of the adolescent life stage. My years involved with the WHO/NIAAA cross-national research project in Zambia, Mexico, and Scotland, and with the W.T. Grant Foundation-funded Denver/Beijing cross-national, comparative study enlarged my awareness of adolescence in the developing world. That awareness was extended by subsequent collaborations with colleagues (now friends) at the African Population and Health Research Center in Nairobi in research on young people in the city's surrounding slums. And my membership on the National Research Council's Panel on Transitions to Adulthood in Developing Countries, under the superb leadership of Cynthia B. Lloyd, provided an extraordinary opportunity to learn more about the changes and challenges facing youth in the nonindustrialized, globalizing world. It has been this fortunate background in cross-national inquiry that helped to reveal the explanatory generality that psychosocial theory—in this case Problem Behavior Theory—can provide about adolescent health across the most diverse of national and societal contexts.

I want also to recognize the exceptional dedication and commitment of Lindy Shultz and Nancy Thorwardson to this publication endeavor. I am deeply grateful for their efforts, and it could not have been successful without them. I am also grateful for the extensive of Elisa Elvove.

Preparing this volume, and the preceding one, has provided me the opportunity to reflect on more than a half century of systematic inquiry about young people across the globe—their experiences, their achievements and setbacks, and the trajectory of their lives. I am indebted to all of them for their participation in my research, indeed, for making my scholarly work possible, and, along the way, for inspiring me with their promise and potential.

Finally, I am indebted to my wife, Jane Menken, whose academic accomplishments have been a model to emulate and whose love has supported my own efforts in that regard.

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