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Dr. Jane Mendle is a professor in the Department of Psychology at Cornell University. She received her Ph.D. in clinical psychology from the University of Virginia and completed her clinical internship at the Payne Whitney Clinic of New York Presbyterian Hospital/Weill Cornell Medical College. Her research is focused on the transition from childhood to adolescence, when many youth experience steep increases in psychological problems. Dr. Mendle considers how different aspects of puberty – how it varies across people; how it aligns with other developmental milestones and life experiences; and how children, peers, and family member perceive and understand it – are related to these changes in mental health. Her most recent research investigates early adolescent menstrual cycles, combining hormonal assays with analyses of youths' own narratives about their experiences and body changes.

WHY PUBERTY MATTERS FOR PSYCHOPATHOLOGY

ABSTRACT

The psychology of puberty is not simply an issue of “growing pains.” Longitudinal and cross-sectional studies show steep increases in psychological problems when children reach this transition, including spikes in depression, anxiety, aggression, rule-breaking, self-injurious behavior, substance use, disordered eating, school failure, and conflict with peers and parents. These patterns are clearly evident cross-culturally, documented on all inhabited continents, and poorly understood by reproductive health experts and psychologists alike. Despite this, puberty has been strikingly understudied relative to other psychological risks. This presentation will explore three interrelated questions: (1) who is most likely to experience difficulties at puberty; (2) why is puberty linked with distress; and (3) what potentially malleable factors may exacerbate or mitigate puberty's relationship with psychological challenges? The presentation will further highlight empirical research on depression and puberty, blending traditional survey research with computational text analysis of youths' narratives and an initial investigation of endocrine change across early adolescent menstrual cycles in females.

LEARNING OBJECTIVES

1. Describe epidemiological patterns of change in psychopathology at puberty.
2. Assess biological, social, and cognitive contributors to depression at puberty and identify youth who are most likely at risk.
3. Identify malleable transdiagnostic factors, linked with psychological response to puberty, that may be targeted in evidence-based interventions.

REFERENCES

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