

Introspecting adolescence

Rowena Victor ¹, Viji Devanand ², Sasirekha G ³

¹ Assistant Professor, Department of Physiology, Govt. Thoothukudi Medical College, Thoothukudi, ² Professor & Head, Department of Physiology, Stanley Medical College, Chennai, ³ Assistant Professor, Department of Physiology, Govt Medical College, Thiruvallur, Tamil Nadu.

Abstract

Adolescents are the vulnerable age group who are easily influenced by peer pressure, society, inclination more towards 'To know', to explore, to enjoy and recreate. It is during this period nearly 10-20% of adolescents experience a new wave of transformation with an altered self. Psychiatric illness like schizophrenia, teen depression, Polysubstance abuse are on the rise and most cases are undetected and untreated. Personality disorders are quite common. Road traffic accidents, criminal activities, underage sex, bullying, school dropouts, unexplained deaths, suicides and many antisocial activities are increasing day by day as we do not know how to help them tide over this crucial phase. Mobile usage, game addiction, increase in screen time, academic problems, family conflicts, relationship difficulties along with stress, change in lifestyle cause a lot of psychological and physical problems which when identified early will reduce the burden and overall, the quality of individual and their family life will be healthy and productive. Moreover, recently researchers have focused on the importance of Parental involvement and teacher's guidance in early care and support. It can be taught to general public since it plays an important role in successful support for the teens in need to counter social pressure and to overcome all negative impacts and build self-esteem and resilience. This short communication is intended to provide an insight into 'What adolescence is? Why this period is of a prime concern? How to make them be useful to the society? What are the imminent dangers? What happens when it's not being addressed properly at the right time? and lastly to understand and give hands to lift them up.

Keywords: adolescence, hormones, psychiatric problems

Corresponding Author

Dr. Sasirekha.G, Assistant Professor, Department of Physiology, Govt. Thiruvallur Medical College, Thiruvallur, Tamil Nadu. Contact No: 9629266730, E-mail: sasirekhadr@gmail.com

Definitions

The term Adolescence in Latin means adolescere, meaning "to grow up" or "to grow into maturity". Puberty means pubertas, from pubes, puber,

meaning "of ripe age" "adult." It is a part in the unique and distinctive developmental span when the child changes from asexual to a sexual being.¹ It is a short overlapping period with rapid growth. It is a transitional period with a negative phase.

Several biological, cognitive, social and psychological developments with parental, peer pressure along with attitude makes it a highly explosive and turbulent phase.

Psychological explanations

Psychoanalyst Erik Erikson called adolescence “A Psychosocial moratorium. It is characterized by “selective permissiveness” by society and “Provocative Playfulness” by youth.”²

Early adolescents are called the ‘teens, the terrible teens’.

It begins with subtle changes in the psycho-neuroendocrine processes and morphological features that ends in reproductive maturity.³ Peterson in 1988 described adolescence as a phase of life beginning in biology and ending in society. There is change in attitude toward sex and opposite sex, Child-Parent relationship and in rules and regulation to which the youngster is subjected.

Psychologist G. Stanley Hall, Father of Adolescent Psychology characterized adolescence as being a period of Sturm and Drang, i.e., “storm and stress.” The individual takes an anti-attitude towards life and some of the good qualities previously developed are lost (more in girls).

Physiological aspects

Gonadotropin releasing hormone (GnRH) genes, begin to stimulate mRNA in late childhood, leading to a cascade of changes in hormonal and physical growth. There is a qualitative and quantitative alteration in multiple hypothalamic-pituitary end organ axes especially those for the gonad and the growth hormone/insulin-like growth factors-1 axis. Pulsatile Gonadotropin secretion occurs at all ages, but puberty is marked by an increase in luteinizing hormone and follicle-stimulating hormone secretion, detectable even before the first external signs of puberty. This stage represents a reawakening of the gonadal axis operative during

the late fetal and very early neonatal stages. The secondary sexual characters are a result of androgen production from the adrenals in both sexes (adrenarche or pubarche), testosterone from the testes in the male, and estrogens from the ovaries in females (gonadarche).³

Antisocial behaviour (physical aggression, conduct disorder, behavioural problems, delinquent and violent behaviour, and early and risky sexual activity) have been attributed to changes in hormones, physical maturation, altered reactivity to life stressors, brain changes during puberty. The steroid hormone testosterone is implicated in physical aggression in animals and antisocial behaviour in humans.⁴ Males are exposed to higher concentrations of androgens than females during pre- and postnatal development. So they express more physical aggression than females, because of androgen.⁵

Factors favouring these changes either internal or external can work in combinations by mere exaggeration of the normal pruning connections between brain cells or due to complex exposure to trauma result in impaired psychological changes

Changes during adolescence

Physical changes

- Growth spurt
- Secondary sexual characters

Psychological changes

- Unstable Personality
- Emotional surges are heightened
- Strong feelings of instability
- Changes in their interests and in the roles they play
- Changes in their behaviour and values
- Ambivalent feelings

The Teens isolate and involve in activities which we are not aware of. They find pleasure being

with their friends and if not being watched, they involve themselves in problems for which the consequences they are not bothered or doesn't know or care for. Being awake till late night, sleeplessness sets in due to changes in the circadian rhythm and again leads to psychotic like behavioural changes and a decline in productivity.

Pubescents demand independence and are often fearful taking responsibilities. They must not only like and accept themselves, but they must feel that they are accepted by others. They crave for affection. They don't get the affection as they had before due to the change in attitude towards family members and friends which is critical and derogatory and the behaviour is egocentric and unsocial.

Adolescents of today are interested in many things which are unacceptable to the society. Underachievement is partly due to disinclination to work. So they feel guilty and ashamed. They develop smoking and drinking habits and also addicted to the latest technologies which separate them from their family and society. They do this so that they conform to peer group norms. Their outlook becomes more abstract. Moral judgement becomes increasingly self-centred and less cognitive. By the end of adolescence, most boys and girls have enough information about sex to satisfy their curiosity. Accompanying these changed attitudes, are strong ideas about, right? or wrong? in regard to sexual behaviour.

Immaturity is seen in social and sexual behaviour. Rejection of the socially approved sex role (girls common- marital conflict), a continued preoccupation with sex, premarital pregnancy, early marriage is regarded as indicators of immaturity.⁶ Moral immaturity is evident in juvenile delinquents. Also quarrelling with family members, criticising them constantly, or making insulting comments is common.⁷

The common risk indicators of Adolescent maladjustment are irresponsibility, aggressiveness, homesickness when in unfamiliar surroundings, feeling of martyrdom, excessive day dreaming, and regression to earlier levels of behaviour, using defence mechanisms like fantasising, projection, and displacement.⁸ Adolescents will begin to develop improved self-control and skills in planning, problem-solving and decision-making. Girls often reduce physical activity, despite improved strength, because of body image and gender-based self-image concerns. Boys who have early physical development will have an earlier growth spurt. They might be bigger and stronger than their peers for a while. Boys who develop later might be more at risk of being teased or bullied, and might be less interested in physical activity.

Our role and responsibility

General self-hygiene, good sleep habits, proper food and physical activity, spending quality time with family in person with good eye to eye contact and interactions is a must in everyday practise. This must be taught to children in such a way that they follow it with conscientiously. Being a role model for positive ways of dealing with difficult emotions and moods is also necessary. It is our utmost duty to identify children with special needs at the earliest and support them properly in time.

The Proper adolescence often proceeds uneventfully, if only the milieu support is ideal. A great deal of understanding is still missing and tenacious myths about adolescents persist. Proper paradigm shift and a linear progression can always expand the horizon and explode the legend of a limitless adulthood.

So, Parental attention and dedication in teen's life, Teacher's guidance, motivation and interest in studies, positive life events will pave a way for healthy mental and physical adulthood.^{3,9} As experienced, learned responsible members of our

society it is our innate and acquired ability to have stable and matured mind, healthy body and full of positive vibes and attitude to face our children. We should also teach the general public to heed to adolescents and to guide them consistently, gaining experts help in the correct time

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