

Mental Health Of Adolescent Girl

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Summary : Adolescence is a critical period in life because of its immediate & long term effects. It has been widely supposed that adolescence is usually characterized by great psychological upheaval & disturbance, which often appears similar to mental illness. But it was also suggested that lack of disturbance is a cause of psychiatric concern. However, surveys of the general population have shown both these views to be exaggerated & misleading. But psychiatric disorders during adolescence should be taken just as seriously as at other ages. Adolescence is a period of many physical, psychological, & social changes which are so fast that sometimes it becomes difficult for many adolescents to cope up with them & if somebody develops mental disturbances or disorders, she cannot be expected to grow out of them without help.

Introduction

The term adolescence comes from Latin word meaning to grow to maturity. As it is used today, the term adolescence has a broader meaning; it includes mental, emotional & social maturity. While all periods in the life span are important, some are more important because of their immediate effects on attitude & behaviour, where as others are significant because of their long term effects. Adolescence is one of the periods when both the immediate & long-term effects are important. Similarly some periods are important for their physical & some for their psychological effects, but adolescence is important for both. This period is described by different names such as 'critical period' 'awkward age' or 'transitional age'. In fact adolescence is an in between transitional stage. The person is no longer a dependent, biologically immature, socially inept & psychologically weak child. He or she is also not yet independent, mature, resolute, strong young adult. The adolescent is really both part adult & part child & hence it is difficult to describe him or her extremely accurately. Because of this confusion, many mental health professionals also freely used the word 'Adolescent Turmoil' to describe both disturbed adolescents & process of normal development. This century is famous for stress, so today's youth can't escape stress. They face more difficult problem pressures than did youth a decade ago. eg. Unhealthy competition,

parental pressure, peer pressure & influence of Western Culture through media.

Common Factors which can affect the mental health of an adolescent girl

Dependence-independence conflict- There is a conflict between the desire to grow up & to remain as a child. They want to prove themselves as their 'own boss.' To prove this they become more argumentative, reluctant to follow the family or social norms like staying out late, drinking, spending money, hair style, dress code etc. They like their parents to be less restrictive & less old fashioned. In Western culture, at this age girl becomes independent which does not happen in India.

Family V/S Peer Conflict- Youngsters gradually come to spend more time with their friends than they do with their family. Girls in particular invest & expect a great deal of trust & loyalty in the same sex friendship, they also seem to have more intimate friendship with emotional disclosure & sharing of personal thoughts & feelings. They definitely place a great deal of emphasis on conformity with their group in dress, hairstyle, music etc. because that provides them mental support. According to Brittain (1967) peers act more as guides in current situational dilemma while parents did so more in future oriented situations. Social support in family & peer

group may operate as a risk factor or a protective factor depending on other risk factors at this age (Buysse, 1997).

Sexuality- Implications of pubertal change on mental health seems to be related to two aspects of puberty-pubertal timing & pubertal status (Offer et al 1996). Early maturation is sometimes an advantage & sometimes a disadvantage. Personality adjustment tends to be most satisfactory in those girls who mature around their average time, whereas early & late maturers fare worse. There are mixed feelings towards menstruation. They are happy to become a 'real woman' capable of reproduction but on the other hand get upset about the inconvenience, discomfort & embarrassment. The negative attitude towards menses usually depends on the mother's attitude. According to Simmons et al (1983), early maturing girls are more popular with the boys but they have poor academic achievements while early maturing girls are short & stout and late maturing are taller & thinner. Any difference or deviant status like height, weight, size of the breast are more likely to affect psychological status than non public changes. Early puberty tends to be associated with both earlier & greater sexual experience, which in turn, are associated with an increased risk of premarital pregnancies which is a new problem for India.

Career-Because of parental pressure & unhealthy competition career choosing is becoming a real problem. Many parents try to force a career on their children even if they don't have aptitude for the same, which may disturb their mental health. Specially for girls there may be more problems because parents are more reluctant to send them away from the home which may interfere in their career. Now-a-days more & more girls are joining lengthy professional courses which delay their marriage which may indirectly interfere with their sexuality & mental health. According to Blance & Way (1998) almost universally in Sub Saharan Africa & in the majority of developing countries, the gap between age at first sexual intercourse & age at first marriage has increased across

age cohorts. The role differentiation becomes more marked in adolescence with girls facing greater conflict in the choices between career & domesticity.

Mental illnesses common at adolescence- Although psychiatric disturbances are only a little more in adolescence than in the middle years of childhood the pattern of disorder is markedly different, being closer to that of adults. As mentioned by Graham and Rutter (1985) about two-fifth's of adolescents with psychiatric conditions showed emotional disorders of some kind. Most of these were anxiety states, depression or some kind of affective disorders.

Anxiety disorders-The generalized anxiety disorder was 3.7% & separation anxiety was 1% in adolescents (Kaplan & Sadock 1998). Incidence of panic disorder was found to be 0.6% animal phobias get replaced by social phobia & agoraphobia. Similarly school refusal shows an increase in frequency but reason is not only a separation anxiety but more likely to form part of widespread emotional disturbance. Clear-cut hysterical reactions & obsessive-compulsive disorders become more common during adolescence (Graham & Rutter 1985).

Identity Disorder- The disturbance due to severe subjective distress over an inability to reconcile aspects of the self into a relatively coherent & acceptable sense of self is manifested by uncertainty about a variety of issues relating to identity such as goals, career choice, friendship, sexual behaviour, moral values & group loyalties. It is not actually a mental disorder but it is some times manifest in the context of such mental disorders as mood disorders, psychotic disorder or borderline personality disorder (Gelder 1983).

Depression- There is a major increase in the frequency of depressive conditions of all types. Either depression will show typical clinical depression or may reflect in poor academic performance, sexual promiscuity, truancy or running away (Kaplan & Sadock, 1998). Studies show

that the higher incidence of depressions in females begins in adolescence, when roles & expectations change dramatically. Along with other stressors, hormonal changes may be associated more often with depressions in females. Studies also indicate that individual with certain characteristic-pessimistic thinking, low self esteem, a sense of having control over life events & proneness to excessive worrying are more likely to develop depression. Some experts have suggested that the traditional upbringing of girls might foster these traits & that may be a factor in the higher rate of depression. Study by Riedon and Koff (1997) indicated that the more subjective & personal measures of weight related body image discontent-weight dissatisfaction & weight concerns were associated with increased depressive symptoms.

Suicide- Increasing rates of adolescent suicide are a significant health concern & the third leading cause of death for this age group (Rosewater & Burr, 1998). Pre & post examination tensions exposed students to a world of fear and remorse plus lack of psychological support in the family & society pushes the children to suicide. Another common cause of suicide at this age is broken love affair.

Asthenia- Unexplained fatigue or even asthenia are frequently encountered in gynecological practice during this transition period, involving major hormonal & morphological changes-particularly during adolescence which are able to radically alter the subject's self image. The term fatigue can have very different meanings in the adolescent girls. In addition to true tiredness, it can also mean 'I Feel Ill' 'I am dissatisfied or sad' while true fatigue or asthenia is described in terms of 'I feel awful' 'I have a headache' or 'I am unable to concentrate'. Perception of symptoms related to fatigue is interpreted in very different ways by adolescent girls & this interpretation often differs from that of adult.

Anorexia nervosa- Anorexia nervosa is mainly observed

in young women in the 15 to 24 year age range. The incidence is 1 to 2 % in the general population of female adolescents. Diagnosis is clinical & confirmed by an analysis of the underlying conflicts, which involve difficulty in accepting the female identity & assuming self-sufficiency outside the family. Anorexia nervosa is not a truly structured psychopathological disorder but rather a loss of stable organisation of self with a highly vulnerable narcissitic element & precarious neurotic defenses. (Bocherean et al, 1999) In study conducted by Huenemann et. al (1996) by late adolescence about one half of all girls in the samples studied reported themselves as fat & those feeling fat half had dieted. According to Peterson et. al (1985) 2/3rd girls were preoccupied with weight & dieting as opposed 15% boys. Till very recently, anorexia nervosa was a rare disorder in our country but socio cultural differences in the value attached to sliminess may perhaps account for the probable recent increase in the incidence.

Schizophrenia is another common disorder at this age but incidence is equal in both boys & girls.

Coping Strategies- Understanding the manner in which adolescents cope with stress is very important. Adolescents more often utilize avoident coping strategies. (listening to music, playing sports, sleeping etc.) than approach oriented coping strategies (trying to directly solve the problem, seeking help & guidance from someone about the problems) to deal with negative affective influences. According to Reuter & Conger (1998) the development of either effective or disruptive adolescent problem solving behaviour is reciprocally associated with the child rearing strategies of parents. According to Offer et al (1991) when normal adolescents have emotional problem only 20% consult mental health professionals which shows that mental health professionals are not yet able to reach out & help most adolescents in need.

Recommendation- To minimize the impact of

adolescence on mental health, it is better to follow some guide-lines

Parents & teachers training in understanding psychology of adolescence.

Sex education in middle school

Group therapy sessions for adolescents to understand the physical & emotional changes they are undergoing & teaching them to use healthy coping mechanisms.

References

1. Blance A.K., Way A.A. *Stad Fam.Plann.* 29, 106, 1998
2. Bocherean D, Clerroy P. Corees M. Giravdon N. *Press Media* 28, 89, 1999
3. Brittain C.V, J. *Adolescence* 2; 445, 1967
4. Buysse W.H, J. *Adolesc.* 20: 645, 1997.
5. Offer Daniel M.D, Kimberly A. Schonert & Andrew M. Buxer Normal Adolescent development Empirical Research Findings *Child & Adolescent Psychiatry A Comprehensive Textbook Second Edition* Edited By Melvin Lewis 1996 Williams & Williams A Waverly Company
6. Douvan I.& Adelson J. *The adolescent experience* Wiley London 1996.
7. Gelder Michael, *Child Psychiatry* p.p.677-680 Oxford Textbook of psychiatry Dennis Gath & Richard Mayor English Language Book Society Oxford University Press.1983
8. Graham Philip & Rutter Michael *Adolescent disorder* pp. 351-363 *Child & Adolescent Psychiatry Modern Approaches* Michael Rutter & Lion Harsov 2nd edition 1985, Backwell Scientific Publications.
9. Heuenemam, Shapiro L.R. Hampton M.C. Mitchell B.W. Amer J. Clin. Nutrition 18. 325, 1996
10. Kaplan & Sadock Major depressive disorders, Bipolar disorders & Bipolar II disorder pp. 538-573 synopsis of psychiatry *Behavioural Sciences/Clinical Psychiatry* 8 th edition 1998, B.I. Waverly Pvt. Ltd. New Delhi.
11. Kaplan & Sadock Other disorders of infancy, Childhood or Adolescence pp. 1229-1234 Synopsis of Psychiatry *Behavioural Sciences/Clinical Psychiatry* 8th edition 1998 B.I. Waverly Pvt. New Delhi
12. Offer D. Ostror E. Haward K.J, J. Am. Acad. Child Adolesc. Psychiatry 30: 623, 1991
13. Peterson A.C. *Genet. Soc. Gen. Psycho. Monger* 111: 205, 1985
14. Riedon J. Koff E. *Adolescence* 32, 615, 1997
15. Rosewater K.M. Burr B.H. *Curr. Opin. Padiatr.* 10 338, 1998.
16. Rueter M.A. Conger R.D. *Dev. Psycho.* 34 1470, 1998.
17. Simmons R.G. Blyth D.A. Makinney K.L. The social & psychological effects of puberty on white females, In brooks-Gunn J. Petrson A.C. (eds) *Girls at puberty Biological & Psychosocial perspectives* New York, Planum, 1983.