Adolescence: A Bio-Psychosocial Maturational Stage or an “Out of Control” Phase!!!

Eman Ahmed Zaky*

Department of Pediatrics, Ain Shams University, Cairo, Egypt

*Corresponding author: Professor Eman Ahmed Zaky, Professor of Pediatrics, Head of Child Psychiatry Unit, Department of Pediatrics, Ain Shams University, Cairo, Egypt, Tel: 00201062978734; E-mail: emanzaky@med.asu.edu.eg

Received date: September 02, 2017; Accepted date: September 04, 2017; Published date: September 10, 2017

Copyright: © 2017 Zaky EA. This is an open-access article distributed under the terms of the Creative Commons Attribution License; which permits unrestricted use, distribution, and reproduction in any medium; provided the original author and source are credited.

Keywords: Adolescence; Puberty; Mental disorders; Mental health problems

Editorial

Adolescence is a term that was derived from the Latin word “adolescere” which means “to grow up”. It is a phase of development with physical and psychological domains that occurs during the time from puberty to the age of majority (legal adulthood) [1]. Adolescence, a transitional stage between childhood and adulthood, represents a real challenge to all who are concerned with human behavior including parents, biologists, psychologists, psychiatrists, and sociologists. Such challenge could be explained by the characteristic features of adolescence being a unique phase of human life during which a teenager attains physical maturity and acquires an adult build without reaching psychological individuality and socioeconomic independence [2-5].

Biologically, adolescence is the period between the pubertal onset till the end of physical growth while from the cognitive point of view it means the change from concrete thinking and egocentricity to abstract and multidimensional thinking. On the other hand, sociologically, it is a stage during which an adolescent is prepared to play adult roles [4,6,7].

It is important to emphasize that the full development of the brain functionality is not attained at the time of puberty as vital brain changes with pivotal impact on individual behavior continue from the age of 10 to 25 years. Although the adult size of the brain is reached at about 6 years but its creases continue to be more complex till the late teens with the most remarkable changes in the cortical areas responsible for cognitive and emotional information processing. During adolescence improvements of cognitive abilities occur involving 5 domains namely; attention, memory, processing speed, organization, and metacognition. Accordingly, teenagers have comparable cognitive abilities to adults but lacking their experience, wisdom, authority, power, control, and influence; both underestimate each other and thus a lot of conflicts and arguments emerge between adolescents and their parents [4,8,9].

Psychosocially, during this crucial stage of human life, there is a switch from accepting instructions and directions from parents and the surrounding society and respecting cultural limitations and familial and societal hierarchy to irresistible desire to fully grow up and attain full freedom and self-control. So, it could be, in a way, considered as a battle between what is needed and what is possible or accepted. Nevertheless, some adolescents during their journey to adulthood break all the rules and become completely out of control with involvement in risk taking behavior and dangerous activities like drug and alcohol use and abuse, para suicidal attempts, delinquency, stealing, premature unprotected sexual activity etc. [2-4,10].

With such a unique nature of adolescence as a stressful stage of life; it is expected to be associated with increased risk of mental disorders and mental health problems which include depression, anxiety, attention deficit hyperactivity disorder, eating disorders, conduct disorder, substance misuse disorder, panic disorder, post-traumatic stress disorder, borderline personality disorder, schizophrenia, and autism spectrum disorder. Nevertheless, the recognition, management, and follow up of mental health problems in adolescents can be difficult as parents and school personnel may underestimate warning signs considering them as just a reflection of a disturbing stage in human life. Thus, symptoms that must attract the attention of the parents, teachers, and primary health care physicians and necessitate formal assessment by a mental health professional comprise low mood, tearfulness, disininterest in daily activities, frequent somatic complaints, sleep problems, self-harming behavior, aggressiveness, tendency for loneliness, deviant behavior, deterioration of academic performance, and use or abuse of drugs [11-14].

How can we help our adolescents to safely cross such a critical phase of their lives without ruining their future or others? This is a crucial issue that should be addressed about a key stage in human life which needs thorough understanding, deep discussion, and judicious handling as it entails different aspects psychologically, biologically, historically, sociologically, educationally, and anthropologically.

References

1. http://www.merriam-webster.com/dictionary/adolescence
2. https://medlineplus.gov/ency/article/001950.htm
3. http://www.psychologytoday.com/basics/adolescence
4. Goodman R, Scott S (1997) Disorders in adolescence. In: Child Psychiatry. Blackwell Science Ltd, London. pp: 144-154.
5. Michaud PA, Fombonne E (2005) Common mental health problems. BMJ: 330: 835–838.
6. Rutter M, Smith D (1995) Psychosocial disorders in young people. Time trends and their causes. Wiley, New York.
7. Meltzer H, Gatward R, Goodman R, Ford T (2000) The mental health of children and adolescents in Great Britain (2nd edn.). Office for National Statistics, London.
8. Giedd JN, Blumenthal J, Jefries NO, Castellanos FX, Liu H, et al. (1999) Brain development during childhood and adolescence: A longitudinal MRI study. Nat Neurosci 2: 861-863.
9. Keating D (2004) Cognitive and brain development. In: Lerner R, Steinberg I. (eds.), Handbook of Adolescent Psychology (2nd edn.), Wiley, New York, pp: 45-84.
10. Hack S, Jellinek M (1996) Early identification of emotional and behavioral problems in a primary care setting. In: Juszczak LFM (ed.),
Adolescent medicine: state of the art reviews. Belfus Ha, Philadelphia. pp: 333-350.

11. Merikangas KR, He JP, Burstein M, Swanson SA, Avenevoli S, et al. (2010) Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity Survey Replication-Adolescent Supplement (NCS-A). J Am Acad Child Adolesc Psychiatry 49: 980-989.

12. Polanczyk GV, Salum GA, Sugaya LS, Caye A, Rohde LA (2015) Annual research review: a meta-analysis of the worldwide prevalence of mental disorders in children and adolescents. J Child Psychol Psychiatry 56: 345-365.

13. Jorg F, Visser E, Ormel J, Reijneveld SA, Hartman CA, et al. (2016) Mental health care use in adolescents with and without mental disorders. Eur Child Adolesc Psychiatry 25: 501-508.

14. Wagner G, Zeiler M, Waldherr K, Philipp J, Truttmann S, et al. (2017) Mental health problems in Austrian adolescents: a nationwide, two-stage epidemiological study applying DSM-5 criteria. Eur Child Adolesc Psychiatry.