

Major Psychological Problems Among Adolescents in Pakistan

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Which psychological problems (disorders) most of the adolescents are facing and why? Depression in adolescents start leading them to various psychological problems they are unaware of, unfortunately which they face the rest of their lives, unknowingly. An adolescent is defined as an individual whose age is between 10-19 years and it is considered to be the most critical time for the prevention of mental illness. There are over 220 million individuals in Pakistan, and about 20% of them are adolescents. The major and the most common psychological disorder faced by many is the (MDD), Major Depressive Disorder. Depression being the most devastating and root of anxiety affects adolescents the most and it is estimated that 4 to 8 percent of adolescents suffer from major depressive disorder at any given time, and by the age of eighteen, about 20 percent of adolescents experience the symptoms of clinical depression. Stress, depression and anxiety are the roots of every psychological problem one goes through. Whether its children, adolescents or adults these roots have always been the start to a journey of major psychological disorders, physical illness and behavioral schemas and if not treated or looked out this start of journey can end with taking the lives of people. (Carr, 2007)

“A lot of people are living with mental illness around them. Either you love one or you are one.” (Ruffalo, 2005) High prevalence rates of anxiety, depression, and mental and behavioral disorders have been found among adults in Pakistan. This particular age group is more prone to negative health outcomes due to stress that does not only lead to physical illness, but also behavioral and psychological maladjustment.

Physical illness being the first to get affected by depression is the point where it all starts to occur. Body suffers constant fatigue, digestion process slows down, sleeping patterns changes either one sleeps most of the time and have difficulty to wake up or opposite, one faces insomnia which leads to restlessness and wakefulness, physical pains including, back, neck, shoulders

pain, headache, and other unexplained aches. This physical disturbance in life leads adolescent to next step, mental illness where they face madness and psychosis. 'Madness' or psychosis has been the most feared and stigmatized domain of psychiatric illness (Raphael, 2015). Madness being the state of severe insanity and psychosis, a severe mental disorder in which thought and emotions are so impaired that contact is lost with external reality. So adolescents being in both physical and mental illness; lose the sense of reality and touch with their family and close friends as they begin to feel sad and down most of time of the days, their cognitive ability gets reduced, they start fearing excessive fears, worries and guilt, severe mood swings, eating disorders and what not.

Further when this madness increases by time to time more severe conditions occur as suicidal thoughts; drug abuse; and violence. Detachment from reality leads them to hallucinations, delusion and paranormal activities which accounts the most severe symptoms of physical and mental illness. "An example of the movie, *Shut-In*, gives a ride to everything I have mentioned above. Tom who was a 18 years adolescent, confined indoors due to the accident he had, after which the depression of his disability and the loss of his father lead him to severe physical illness, but soon his madness was too showed as he began to love his own mother Marry and kept her locked and tied into one room. The movie as clearly, shows the adolescent tom as mentally and physically ill, further more when he lost his mind and enter the world of psychosis which detaches him from every reality, he becomes the most dangerous for his own care taker, his mother!." (Burn, 2016)

The association of behavioral adjustment and coping has been examined in reference to a wide range of stressors. This includes actual stressors that children and adolescents have experienced, such as personal illness which includes both mental and physical illness (Band &

Weisz, 1990; Frank et al., 1997; Ried et al., 1994, 1995). Stress not only leads to physical illness but also behavioral maladjustment. When we talk about maladjusted behavior, we refer to “a habitual pattern of behaviors which are detrimental, to the individual. Maladjusted behavior firstly is frequent or habitual; secondly, is ultimately harmful to the individual, environment, or other persons, and thirdly impedes adaptation and healthy development.” (Boll, J. 1989) Habitual behaviors of adolescents due to the severe depression lead them to maladjustment, in which they face bad personal habits like, bed wetting, excessive nail biting as the most common ones.

Being described as excessive aggression or destructiveness by most of the people; another example 'Acting out', behaviors are fairly common in youth centers. “Destructive behavior, which is directed against other persons or objects. This kind of behavior is a coping mechanism, which allows the individual to avoid pain and internal conflict by externalizing unpleasant feelings acting out behaviors typically occur when aggression and other unacceptable urges cannot be contained. The unpleasant feelings are then discharged through such behaviors as vandalism, addiction, stealing, and acts of physical aggression.” (Boll, J. 1989) Another concept of maladjustment behaviors requires the negative behaviors to be defined which an adolescent shows, like fighting, stealing and substance abuse. “The answer to these negative behaviors when asked personally from a friend, who is always involved in fighting and stealing money from his parents wallet, answered that his past has made him like this, and when asked about the past, hands shivered, eyes wide; because I was one who got bullied everyday by the school mates and when asked about stealing money, he further replied because my parents never gave me some and that was what he was bullied for!” so this clarifies, that behavioral maladjustment is related to the stress.

Adolescents with behavioral maladjustment, lack the ability to grow and adapt to the environment as their process of adaptation to the healthy development slows down due to the severe psychological issues they face and even when they try to give themselves a chance to the positive side, the society, unfortunately turns them back, as they don't take them as their equals and thus, making them feel inferior they remain in the negative side and progress in that which turns out at the end harmful for themselves and people around them as the inability to adjust to their environment lead the to (GAD) Generalized Anxiety Disorder, adjustment disorders, and depression. "Modern psychology has a word that is probably used more than any other word in modern psychology. It is the word "maladjusted." This word is the ringing cry to modern child psychology. Certainly, we all want to avoid the maladjusted life. In order to have real adjustment within our personalities, we all want the well - adjusted life in order to avoid neurosis, schizophrenic personalities." (Jr, 1963)

Psychological maladjustment is related to emotions. "Emotion dynamics is that high levels of emotional variability which are associated with maladaptive psychological functioning. Individuals who display large emotional variability over time (expressed as for instance the standard deviation of repeated emotion assessments across time) are characterized by higher levels of depression and stress" (e.g., Eid & Diener, 1999; Kuppens, Van Mechelen, Nezlek, Dossche, & Timmermans, 2008). Emotions as being the feelings, sensations, sentiments are strongly related to our psychological adjustment, but when not controlled properly this adjustment changes into maladjustment where emotions become anger, frustration, fear, threatening etc. Yet, "Emotions are generally considered to be adaptive responses that aid and motivate an organism to cope with the demands and threats in the environment." (Frijda, 2007; Izard, 2009) Experiencing changing emotions are generally functional and adaptive, and lack of

emotional responsiveness may be a sign that emotional responses have become decoupled from environmental or psychological demands, and thus, may be indicative of maladjustment. A recent meta-analysis (Bylsma, Morris, & Rottenberg, 2008), has provided evidence that depressive disorder is characterized by what Rottenberg (2005), has labeled Emotion Context Insensitivity (ECI), or reduced emotional reactivity to the environment, with regard to both positive and negative emotions.

This lower responsivity, moreover, may typify not just the onset, but also the maintenance of emotions. In general, psychological maladjustment is related to impaired emotion regulation skills (Gross, 2007). Specifically, research has shown that indicators of low psychological well-being, such as neuroticism and low self-esteem are related to impairments in affect repair (e.g., Heimpel, Wood, Marschall, & Brown, 2002; Hemenover, 2003) and evidence suggests that depression, for instance, is characterized by longer duration of negative moods and emotional states once initiated (Peeters, Nicolson, Berkhof, Delespaul & deVries, 2003; Sheeber, Allen, Davis, & Sorensen, 2000; Silk, Morris, & Steinberg, 2003).

“A case study which was established to see the usefulness of the concept of emotional inertia by examining its relationship with indicators of psychological adjustment. The psychologists chose to focus on two central and important indicators of psychological adjustment: Self-esteem, which is widely considered to be central to psychological functioning and well-being (Kernis, 2006), and major depression, a mood disorder that afflicts close to one sixth of the general population and is projected to become the number one mental health threat in the coming decades (Kessler, 2002). They examined the hypothesis that low self-esteem and depression (which are themselves highly related; Neiss, Stevenson, Legrand, Iacono, & Sedikides, 2009), are associated with higher emotional inertia in two studies that relied on

different methodologies and that each focused on one of these two indicators of psychological adjustment. In Study 1, they examined the relationship between self-esteem and inertia of people's naturally occurring emotional experiences throughout their daily life. In Study 2, they examined the relationship between major depression and inertia in emotional behavior during emotionally evocative family interactions.

Sampling study 1 (Csikszentmihalyi & Larsen, 1987), was conducted to collect data on the natural emotional changes and fluctuations that occur during daily life. Because Experience Sampling techniques capture life "as it is lived" (Bolger, Davis, & Rafaeli, 2003), they benefit from high ecological validity and are less subject to recall biases than other self-report methodologies. Participants recorded their momentary emotional experiences over the course of two weeks. Therefore; Study 1 provided evidence that low self-esteem is related to higher emotional inertia across a variety of emotions in daily life. This means that relative to those of individuals with higher self-esteem, the emotional states of individuals with low self-esteem are more resistant to change. Moreover, the findings showed that the association between self-esteem and inertia held for both positive and negative emotions, indicating that emotional inertia extends across hedonic boundaries.

In study 2, the researchers' contemporary researched on depression suggested that the emotional life of depressed individuals was not characterized by increased emotional reactivity, but rather by emotional insensitivity (Rottenberg, 2005). In addition, depression was associated with impaired emotion regulation skills (Gross & Muñoz, 1995) and ruminative thought (Watkins, 2008). They examined this hypothesis based on data on the emotional behavior of depressed and non-depressed adolescents during lab-based interactions with their parents. Because interpersonal relationships are strong elicitors of emotional states and family relations

are arguably the most salient interpersonal predictor of depressive symptomatology in adolescents (Sheeber, Hops, & Davis, 2001).

Study 2 differed in several notable respects from Study 1 as Study 1 examined self-esteem, whereas Study 2 focused on major depression as an indicator of psychological adjustment. Study 1 examined self-reported emotions throughout daily life as compared to observed emotional behavior. Talking about the time taken by both the studies to get examined, Study 1 examined emotional inertia over the course of hours, whereas Study 2 across seconds. Despite these differences, the two studies both supported the conclusion that individuals evidencing poorer psychological adjustment manifest markedly higher levels of emotional inertia in both positive and negative emotions. Moreover, Study 2 provided additional evidence that this is particularly the case in contexts that are stressful or involve negative interactions with significant others.” (Kuppens, P., Allen, N. B., & Sheeber, L. B. 2010).

Adolescent mental and psychological health issues in most parts of the world including our country Pakistan have remained a fairly neglected area of research. The emerging consensus clearly indicates that the population of adolescents and the cumulative burdens of mental and physical illness will increase with time as the depression rate among adolescents will increase. If they don't start controlling and treating themselves to remove this root of depression from their life, it will, otherwise, get stronger with time and more complications will arise making one own self to completely lose the sense of reality, the ability to think, feel and walk in life. Furthermore this depression will not only lead them to behavioral and psychological maladjustment but even more severe conditions like suicidal thoughts and even death. If left unidentified and untreated; it may lead them to step outside the box and instead of making a bright, better future; this youth can become a disaster which will not only harm them but the society and future of the nation!

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