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# COMMON EMOTIONAL PROBLEMS OF ADOLESCENCE

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**ABSTRACT**

Adolescence is the period of life when the individual shows signs of development in every respect. Hence it is only natural that the expression of emotion should undergo similar modification. For example the adolescent is very sensitive to any injury to his prestige. A physical deformity is so magnified in its evil effects that, it even enters his dreaming state and modifies it. Many of his emotions he suppresses externally but they find expression in the form of day dreams. The high intensity of the sexual instinct is one reason why the adolescent form of excessive and almost obsession, attraction to the individual of the other sex. As the adolescents filed of knowledge widens the situations that give rise to emotions in him also displeasure at any instance of injustice that comes to his notice and he can even rebel against society.He develops harted for authority if administration is strict.

**KEYWORDS:**Common Emotional Problems ,loneliness, boredom , Adolescence..

**INTRODUCTION :**

As the adolescent attempts to become more independent he withdraws from some of the emotional ties he developed with his parents during childhood. This results in a temporary phase of narcissism or self-centeredness, during which peer relationship become Increasingly important. Feelings of emptiness, loneliness, boredom and unreality follow if close peer relationships are not substituted for the previously close parental relationship. During this phase the adolescent feels alienated and peer acceptance is vitally important. Peer pressure can lead to acting-out behavior; he may experiment with sex and/or drugs, or become involved in more serious antisocial behavior.

Many become disenchanted. They reject society, especi¬ally, middle-class work ethic. They

wish that society their parents, their schools, their community, their countary, and even the world) were different. The disen¬chantment is partially related to the fact that the adolescence over idealization about possible changes in society, the necessary experience to understand what di might be encountered in striving for these idealize. When they consequently become unattainable, be disenchanted and disillusioned with society.

Writers disagree on whether the transition for hood to adulthood should be a turbulent proce smooth and gradual one.2-8 Anna Freud has ex special concern for the 'good children who expert non-turbulent adolescence. She is of the opinion period of adolescent turmoil and rebellion is ine predictable and normal. Under normal circumstance adolescent turmoil is usual. However, one must be minded on the degree of rebellion.

## EMOTIONAL SENSITIVITY

The adolescent's emotional sensitivity is partially to the hormonal, physical and body image char adolescence. In addition, he must become independent parents and move towards heterosexuality. Many anxious - every adolescent, however 'normal', mation his own sanity when he experiences this anxiety.

Adolescents are sensitive to comments about personal appearance. Body image concerns cause much anxiety. Comments on their size, weight, ance etc., must be carefully worded. Critical comment! the adolescent's family, friends, school, etc. The adolescent who has spent some of their feelings of alienation are their own distortions of reality. Their own ambivalent feelings about moving away from their parents often result in a need to project imagined feelings onto their parents. In some cases it is necessary for the physician to discuss these issues with the adolescent's parents and thus help them endure this phase. However, it is extremely important to keep in mind that for the adolescent, confidentiality is especially important. The physician must be ready to discuss openly with the adolescent anything which is also to be discussed with his parents.

At times the adolescent's concerns about confidentiality virtually become a paranoid preoccupation. Because the adolescent frequently feels alienated, not only from his parents but from adults in general, it may be difficult for him to verbalize openly his concerns about confidentiality. Instead he may suddenly appear anxious or even retract a statement after revealing something about himself. The alert physician Will at this point guess that issues of confidentiality are troubling his patient. The issue must be discussed with all adolescents, yet complete confidentiality should not be promised. If this is done, and the adolescent later confides plans for serious antisocial behavior, suicide, or some- other dangerous action which requires intervention , the physician will have to break his promise in order to enlist the aid of the parents or others.

Acting-out - Adolescents are often referred to their physician by parents school authorities or legal authorities because of drug involvement or because of their sexual promiscuity. If this acting-out is only an aspect of the adolescent’s attempt to emancipate himself, it will likely be Just a passing phase, but it may be a symptom of more serious psychopathology. Signs of depression, or eve« early manifestations of a borderline or psychotic state must be looked for. In others the acting-out is a continuation of a childhood behavior disorder and an early phase of an antisocial personality disorder. These are often the most difficult to treat since their poor conscience formation allows them to become involved in destructive acting-out behavior with no-sense of guilt or remorse.

For the depressed adolescent the acting-out may be a form of self-punishment. Whether the acting-out is a manifestation of a depressive illness at a phase of adoles¬cent rebellion, it is important to attempt to help the adolescent see his behavior as self-destructive. For the psychotic adolescent,

indiscriminate drug involvement or sexual promiscuity may be another manifestation of his unpaired judgement. Inpatient institutional treatment may be required for both the psychotic and antisocial youngster.

Running Away- Running; away from home has long been viewed by adolescents as an Instant cure*. It may be a short-lived Impulsive act lasting several hours or it may signal a teenager's abrupt permanent emancipation from home. In recent years the latter has become a much more serious and common problem .Most large cities today have some area where large numbers of adolescents flock to escape from home life subjected to parental rejection since or even before.

Most runaways come to the "attention of various agencies. However in some cases, the family physical pediatrician is the firs one contacted. Then the physical invariably faced with parents who are reacting mixture of anger, guilt and shame. They are angry child's rejection of them. Some are guilty out unconscious wish to rid themselves of the responsible raising a rebellious adolescent.

First the adolescent must be found. Parents she encouraged to contact the police and local agencies to youth. In addition, parents could contact their friends, many of whom, though they have no intention conspiracy, will help if they feel that it is in their best interests. Most runaway teenagers want to be and be convinced that their parents want them home so, they will often resist in order to save face.

Next, the parents need specific advice. on. 1 respond to their teenager once they find him "or physician should help parents adopt an unemotior tude in understanding why a runaway was necessary often valuable for the physician to offer a family a ment preferably within 24 hours, in an effort to some of the family's conflicts. Parents should be open-minded and not assign blame adolescent; neither should they accept an unchallenged oversimplified explanation from the child.

Depending on the response of the family a adolescent, the physician may arrange further sessions. He may refer the family to a family a service psychiatric outpatient service or even impatient. In some instances it may be necessary to record placement of the child in a more suitable home.

The suicidal attempt in the depressed adolescence represent a call for help.It may. also be an adolescence attempt to manipulate parents. The manipulative suicidal behavior should alert the physician..to pi internal or family conflicts, which can he dealt with by the physician himself or by referral of the elsewhere.

The specific management of the depressed adc will depend on the severity and etiology of the depi. The previously well adjusted because he is grieving the death of a close relative will in all likelihood respond well within a few will given some understanding: and support. However youngster who is still depressed over the loss of a law some years later is in need of more intensive therapeutic help. The older adolescent who presence symptoms of a severe depression without any at attempts, depends on the evaluation of a complex set of factors. It is important to assess both the actual medical risk of the attempt and the adolescent's fantasies regarding the risk. The well planned attempted shooting or hanging has a much higher medical risk than does the impulsive manipulative overdose with six sleeping tablets. However, if the patient believed the six sleeping tablets would kill him, then the attempt must be taken seriously; he is certain to try again, but with more tablets. If the attempt is planned without provision for discovery, it is clearly more serious than if there are built-in rescue arrangements. A suicidal attempt in a psychotic youngster is always to be taken seriously especially when he hears voices telling him to destroy himself. The suicidal adolescent who has lost a loved parent through death is also a high risk. He may be driven to join the loved one.

Environmental stresses, especially family disintegration, should be assessed. The possibility of family compliance or ; even uncan of suicidal behavior should be investigated. Also, the adolescent's

wider social environment should be evaluated. Social isolation, poor school performance, parental loss, and disruption of im¬portant friendships such as romantic alliances increase the likelyhood of repeated suicidal attempts. After weighing the multiple factors, the physician must decide on the advisabil¬ity of referral to a psychiatrist and or of hospitalization. Parents of the suicidal youngster must be notified.

Unfortunately, even the most skilled therapist cannot always prevent the suicidal adolescent from killing himself. When this occurs the physician is then faced with the task of dealing not only with his own but also the family's feelings of grief, guilt and inadequancy.

## Emotional Problems Complicating Physical illness in Adolescence

Adolescents with long-term physical disorders are sub¬jected to repeated emotionally stressful situations. Acute physical' illness can also pose similar psychological threats which usually prove harmful due to their shorter duration. Adolescents, like children, may blame themselves for their illness. This is especially so in the adolescent who has recognized or fantasized the hereditary nature of his disease. Then a 'why met? attitude may result, in associ¬ation with anger, sadness and or anxiety.

The chronically ill adolescent resents the frequent and often lengthy hospitalizations which mean separations from family, friends and school. In hospital he is expected to adjust to an unfamiliar and regimented environment. Not only adolescents but all patients receiving nursing care experience feelings of helplessness, embarrassment, and irritation. However, the adolescent is especially vulnerable and sensitive to being treated like a child, since he is in the midst of a straggle to prove he is no longer one.

Since adolescence is a period of increased body-image anxiety, injections, infusions, immobilization, surgery and other procedures arouse anxiety beyond the discomfort involved. Family members tend to change their attitude toward a sick child, frequently- becoming overprotect and overindulgent. They may even new criticize him causing them much inconvenience. They may even new his care.

## CONCLUSION

Much has been written and said about adolescent has been presented as a necessary period of turmoil, or. as a disease process. It is, however, a period of physical emotional growth during which problems specific to adolescence must be resolved. When they are not resolved adolescent is vulnerable to becoming anxious, depressing and even psychotic. But fortunately, most accomplish transition to adulthood all the same.

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