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CRISIS PERIODS OF CHANGES IN ADOLESCENTS

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Abstract

Adolescence is a crucial phase in a person's growth and the emergence of many mental illnesses. The phrase "adolescence crisis" was widely used in earlier literature, and some physicians still use it today. At first look, it seems like a fitting semantic combination characterizing both the stage of life and its fleeting and subconscious mental load. But the word that was once widely accepted is now viewed with skepticism. What was the purpose of the concept of the "adolescent crisis," why was it abandoned, and is there anything positive that came of it?

Key words

adolescents, crisis period, psychology, character, symptoms, pathological, behavior

INTRODUCTION

The European heritage of child and adolescent psychiatry appears to be where the phrase "adolescence crisis" first appeared. It represented "normal variants of mental experience and behavior during adolescence" while also serving as a "pragmatic term for very heterogeneous psychopathological patterns characterized by joint onset and in their course usually tempestuous and cluttered with symptoms" [3]. Therefore, the spectrum of symptoms may be partially or even entirely satisfied in an "adolescence crisis." The individual in question is transitioning into adolescence, therefore the symptoms are viewed as temporary and not indicative of a developing psychiatric condition. We believe that the idea of a "crisis in adolescence" aims to tackle two important problems in developmental psychiatry. First, within the framework of established classification systems that focus on adult psychiatry, which nosological entity is characterized by (1) strong fluctuation of symptoms, (2) short-term changes or even remission without treatment, and (3) only partial match with symptoms of major psychiatric disorders. What biological, psychological, or social factors are responsible for the current symptom pattern, secondly? These difficulties prompt more inquiries. As an illustration, is the underlying mechanism unique to a newly developing serious

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mental condition, necessitating an early diagnosis and course of treatment. Can the symptoms be considered a rare combination of physiological developments during puberty that are ultimately normal or non-pathological, or are they a sub-clinical manifestation or "forme fruste" of a major psychiatric disorder with spontaneous remission over time.

METHODOLOGY

Here, the idea of "adolescence crisis" creates a link to Erik Erikson's psychoanalytic phrase, "identity crisis." According to Erikson's "Stages of the Life Cycle," identity crisis occurs during stage 5, which lasts from the age of eleven to the conclusion of adolescence. "The main task to develop a sense of identity" is what defines Stage 5. Subsequent theories have suggested that "the end of adolescence is when an identity crisis occurs." Role confusion might appear as criminal activity, running away, and overt insanity, among other behavioral problems. Gender identity and sexual role issues might surface at this point [4]. The phrase "adolescence crisis" is being used less frequently, which might be related to the decline in psychoanalysis's popularity. Furthermore, regardless of their limits or usefulness, the employment of non-standardized diagnostic words is prohibited by the growing streamlining of categorization systems.
The current reluctance to use the phrase "adolescence crisis" may be explained in part by a number of discoveries related to psychotic and personality disorders that have occurred during the past several decades. In addition to mood and anxiety disorders, developing psychotic and personality disorders throughout adolescence include schizophrenia, bipolar disorder, and borderline personality disorder [5].

RESULTS AND DISCUSSION

The knowledge of these diseases has improved due to recent and significant research which sets them apart from normal development, including puberty. Many of these disorders, including prodromal states with subclinical antecedents, begin in adolescence as opposed to maturity. Due to the high frequency of early onsets, a physician may feel more pressure to diagnose a serious mental problem early rather than waiting patiently as a result of misdiagnosing an "adolescence crisis." Furthermore, as there has been significant advancement in the therapeutic approaches for a number of these early onset disorders, early diagnosis is now accompanied with early therapy.

At-risk states in psychotic diseases can now be more accurately identified, enabling early diagnosis. We now understand that maintaining a psychosocial functional level and quality of life in people with schizophrenia depends critically on the (brief) duration of untreated psychosis (DUP). However, a deeper look

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reveals that the majority of the research referenced has not focused on "adolescence crisis" or both, but rather on newly developing schizophrenia and similar psychotic diseases. As a result, studies comparing both concepts as equal alternative hypotheses should be encouraged by their still unexplained variance, limited sensitivity and specificity over the long term, and growing knowledge about the negative effects of longer-term medication, even of the better tolerated, newer antipsychotic agents.

The idea of personality disorders has undergone a potentially even more profound shift than that of psychotic illnesses. Personality disorders were often thought to be static, lifelong illnesses that did not respond well to therapy. Teenage personality problems were therefore very reluctant to be diagnosed so order to prevent stigmatization and the personal label of uncertain therapeutic usefulness. It has been known in recent years that the early onset of personality disorder is associated with increased variations in symptoms during adolescence and the early stages of adulthood. Furthermore, it has been demonstrated that they are effectively treatable, particularly when dialectical behavior therapy (DBT) is used to treat borderline personality disorder.

When considered collectively, it is still difficult to recognize and categorize the signs of developing mental illnesses within the vivid framework of a typical adolescent. However, it still seems that the psychiatric perspective is predominantly guided by diagnostic entities: is adolescent psychosis, personality disorder, obsessive-compulsive disorder, etc. Adolescent psychotic and personality disorders, however, only make up a small portion of potential psychiatric problems; further research is still needed to fully understand other "trans diagnostic" behaviors, such as disruptive, self-harming, and suicidal behaviors.

CONCLUSION

Therefore, in light of our 2015 editorial, "Neurobiological research in child and adolescent psychiatry: does the pendulum swing back to more attention on developmental psychopathology" we would want to suggest a more nuanced understanding of teenage psychiatry. The concept of a "adolescence crisis" aims to emphasize that, although there are many psychosocial functioning deficits in teenagers, they are not always linked to the emergence of a mental disorder—at least not that we are aware of just yet. If we focused more on psychosocial functioning than psychiatric illnesses, might the concept of an "adolescence crisis" lead to novel insights in adolescent mental health research. This would include identifying the teenagers who are falling behind in their psychosocial development, including their psychosexual development, who struggle in peer groups, who have

serious family issues, and who do poorly in school. Why do some people not progress as quickly as others? Which psychopathology is connected to this? What is these teens' long-term outcome? Research perspectives and orientations might be generated by examining these teenage groups without a predetermined focus on rising mental illnesses; this could prove to be a valuable legacy of the "adolescence crisis" notion.

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