

Over-pathologising the Teenage Experience: The Pitfalls of Medicalising Adolescence

The teenage brain undergoes remarkable development alongside hormonal fluctuations within the body, contributing to the diverse experiences of adolescents. I am increasingly concerned regarding the tendency to pathologise these natural processes, viewing the challenges faced by teenagers as disorders rather than normal developmental experiences, often leaving teenagers to doubt their own ability to cope.

The teenage brain

Normal adolescent experiences and behaviour is explained by substantial remodelling of the brain, with regions involved in complex cognitive functions and emotional regulation undergoing notable changes. The prefrontal cortex, responsible for decision-making and impulse control, undergoes refinement during this period, enabling more sophisticated cognitive processing. However, this remodelling occurs unevenly, with the brain's reward and emotion centres, such as the limbic system, developing earlier and faster than the prefrontal cortex. This disparity can lead to heightened emotional reactivity and impulsive behaviours characteristic of adolescence.

The spectrum of teenage mental health - when is it time to act?

Teenage mental health exists on a broad spectrum, ranging from normal developmental challenges to more severe and complex conditions. From the occasional blues to more severe disorders, it is crucial to differentiate between pathological conditions and normal teenage 'psychological growing pains'.

Normal adolescent experiences and behaviour is explained by substantial remodelling of the brain.

Symptoms such as worry, heightened social sensitivity, spells of low mood, exam anxiety and stress, and extreme discomfort and nervousness during social situations are all associated with normal teenage development. Whilst most teenagers can constructively navigate teenage challenges and uncomfortable social interactions through this period of 'developmental pain', there are

some, who will experience much more severe symptoms such as excessive rumination (overthinking), fear, panic or in the case of depression, persistent sadness, loss of interest, extreme sleep disturbances, and changes in appetite. Anxiety and depression can significantly impact a teenager's well-being, academic performance, and relationships, as coping mechanisms teenagers engage with are often destructive and self-sabotaging. Self-harm, extreme social withdrawal, restrictive eating, promiscuity, substance abuse as well as extreme risk-taking may serve as ways to offer instant alleviation of psychological pain through distraction or avoidance, however, these coping mechanisms are self-destructive and exacerbating. Therefore, professional help may prove beneficial.

Public Campaigns - Unintended Consequences of being on 'alert'

"She interpreted her father's expectation of her need for therapy to mean that she should be struggling and grieving more."

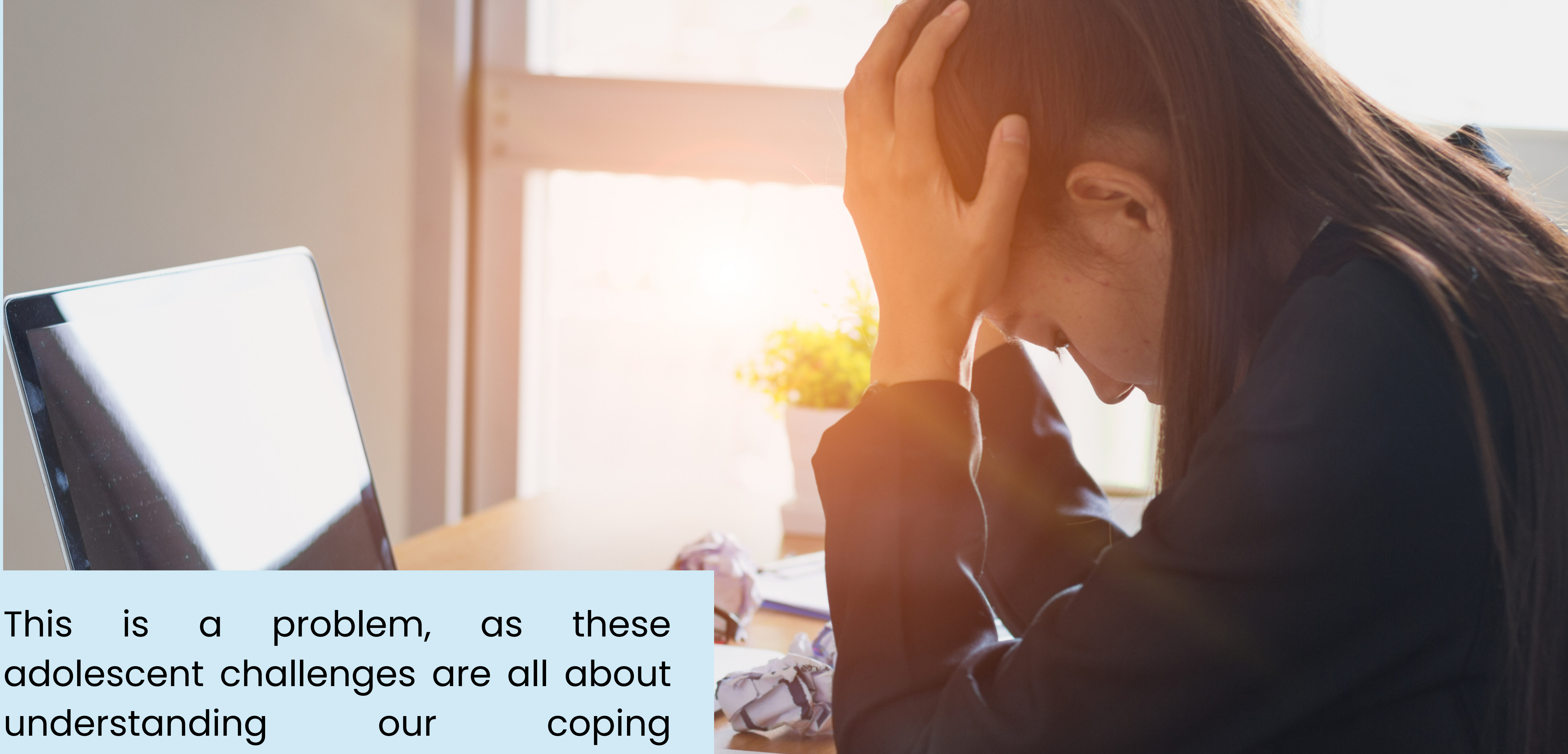
Some factors such as early pubescent onset, trauma, genetic loading, and environment increase risk but do not guarantee the onset of mental health disorders. For example, a father urged his daughter to seek sessions with me when his wife passed away after a long struggle with cancer. His daughter came to sessions each week; however, it quickly became apparent that she had been able to make sense of her mother's health decline

and death and only attended sessions to put her father's mind at rest. However, she interpreted her father's expectation of her need for therapy to mean that she should be struggling and grieving more, which led her to question her organic response to her mother's death, making her feel shame and guilt. In other words, parents/adults often make well-intended assumptions about what their teen needs, wanting to provide, protect and support as best as they can. However, these actions may have unintended negative consequences, inadvertently making the teenager feel worse.

Recent mental health campaigns with prominent spokespersons have further raised awareness of mental health conditions, and have primed parents, schools, and teenagers alike to look out for symptoms and refer to healthcare professionals where necessary. Whilst the intentions are noble, I worry that this has come at a cost of pathologising 'healthy' cognitive and emotional struggles. When prominent discourse surrounding common feelings such as anxiety, sadness, and loneliness implies that something 'may be wrong', then those individuals may be left feeling that they would not be able to cope or resolve matters on their own, or that if left 'untreated' they will never get better.

Increasingly teens come presenting with self-diagnosed conditions and have already embedded them into their self-concept.





This is a problem, as these adolescent challenges are all about understanding our coping mechanisms and growing into our future selves. Furthermore, the extreme experiences of those with diagnosed mental health conditions may be misunderstood by the public and support may not be as readily available. For example, whilst I welcome self-referrals and teens seeking help, I also worry that they come presenting with self-diagnosed conditions and have already embedded them into their self-concept. In answer to the first question, “What brings you?” pupils increasingly respond “I haven’t been diagnosed yet, but I have Anxiety... I have Body Dysmorphia... I have Borderline Personality Disorder... I have Depression...”. When juxtaposed with teens who are currently working through complex trauma and its repercussions, there is a stark difference in the need for therapy. Normalising teenage emotion does not mean ignoring their struggles, it means acknowledging to them how tough this time is. As a request by one male client highlighted: He wanted to be assessed for depression in the hopes that it would confirm his struggles as ‘real’ for his parents who had been dismissive

towards his emotions and mood, saying that they couldn’t understand why he was struggling as he had *“nothing to be sad about”*.

Tough love - the developmental importance of failure

Importantly, the role of the parent also changes drastically during adolescence. When we understand how our own expectations, experiences and needs influence how we interact with our ever-changing children, we will provide them with more opportunities to navigate challenges. Recent parenting styles have been given the label of ‘lawnmower’ (removing obstacles) or ‘helicopter’ (constant supervision). Whilst the intention is clear - parents want to protect, the side effects are less obvious.

Letting children and teenagers experience failure is the best preparation for adult life.

Children and teenagers need feelings of discomfort to increase their ‘cognitive immune system’.

In other words, when children are presented with challenges, they will engage with problem-solving skills, and they will learn that life is not fair and that however nice and helpful they are - some people will not like them. In other words, they adjust their childlike view of the world to reflect reality. This is a phase of disillusionment which is crucial for them to adjust their irrational child-like beliefs to beliefs that are more closely aligned with future experiences as an adult. Preferably, they will be exposed to these moments of disillusionment in small but healthy doses throughout their adolescence, which will provide them with opportunities to develop coping strategies and increase their psychological resilience. When we do not allow our children to fail or do not push them out of their comfort zones, then how are they supposed to know how to handle the 'bigger stuff'? Would you send your child to participate in a rugby game without having been to practice or understand the rules?

Constant parental supervision (helicoptering) may have other unintended consequences. When there is always a 'safety net' present, the children do not have to watch themselves and understand limits, because someone will do that for them, thereby undermining their development of responsibility, self-regulation and autonomy. The constant parental presence may imply to the child that they are untrustworthy or in danger, needing external help rather than listening to their own senses and values.





These parenting styles are also increasingly visible within some school settings: teachers are held responsible for pupil grades, increasing the teacher's incentive to not 'let them fail'. Furthermore, some schools are also feeling increasingly uncomfortable when pupils are unsupervised during study periods. Are our society's good intentions breeding systemic paranoia within families, schools and the teenager's self-concept and thereby disabling our teenagers from being able to handle adversity as young adults? These safety nets of school and parents are then removed as they enter the real world, but are they equipped well enough to cope?

Reframing struggle as an opportunity

My clinical experience of working with teens for the better part of 10 years is that they want to be acknowledged and supported in their struggles, but not undermined. They want to be trusted to know what's right for them - but also that they are allowed to choose what they know is wrong because they want to experience cause and effect for themselves. As one of my female clients put it "I haven't been allowed to make mistakes, and I worry that when I make one, I won't know what to do". So instead of being fearful of our teens' struggles and failures, creating a society where normal struggles are viewed less as unbearable and more as opportunities for growth, may better equip our teenagers with constructive coping mechanisms to accompany them into adult life.