A teenage host introduces the topic of Common Psychological Disorders of Adolescence by telling viewers, “Psychological disorders are just as real as medical disorders.” You can’t “catch” a psychological disorder from others. Causes include a person’s unique genetic makeup, chemical imbalances in the brain and traumatic life events. These disorders are not uncommon; indeed, many teens suffer from psychological disorders. Psychological disorders can be treated.

Eating Disorders
Viewers meet a young woman named Laura, who suffers from EDNOS, or eating disorder not otherwise specified. For her, a psychological battle with self-esteem issues started long before the eating part of her disorder manifested itself. She never felt good enough, she confesses, and felt overwhelmed by the pressures of high school. Regarding very thin celebrities, she says, “Subconsciously, it tells you that that is what pretty means.” Laura recalls staring in the mirror and crying because she felt that none of her clothes looked good on her. Food became something she could control in her life, she explains, until soon “It got to the point that it started to control me. It was no longer something I could control. It was like a monster.” At that point Laura knew she needed help. She began seeing a therapist and dietician.

Psychologist Deborah Gatins, an expert in adolescent psychology, appears on camera to explain categories of eating disorders. With anorexia nervosa, an extremely thin person refuses to eat. With bulimia nervosa, people usually eat a tremendous amount in one sitting, often secretively, and then compensate by fasting, exercising or throwing up. A person with EDNOS is not strictly anorexic or bulimic but may have features of both disorders. Eating disorders are very dangerous, with 20 to 25 percent of anorexics dying from the disorder, often from organ failure. In addition, bulimics have ruptured their esophagus or died of a heart attack.

Psychologists agree that a strong sociocultural component to eating disorders involves the ideal body image portrayed for both females and males. This hurts a person’s self-esteem, Dr. Gatins says, and causes teens to feel bad about themselves because they don’t have control over how their bodies develop. “It is really, really difficult for American teenagers to grow up and feel good about their bodies.” The host informs viewers that eating disorders are not strictly a problem that affects only females, but that young males can have an eating disorder, too.

Attention Deficit Hyperactivity Disorder (ADHD)
Next, 13-year-old Brad describes his frustration: “I can get 50 ideas in my head at once, but they’ll all mesh together and I won’t be able to focus on anything.” Brad’s mom, Davina, tells viewers that she also has ADHD, which she claims is more like “attention surplus disorder” because “you’re not just not paying attention, you’re paying attention to everything”—teacher talking, fly buzzing, foot tapping, student erasing, somebody blowing their nose. Typical kids can filter that out, but a person with ADHD is absorbing all these distractions equally. Davina recalls that during high school, she would space out and create paintings in her head. Her peers thought she was
flighty and laughed at her. “That was really tough because even though the other kids thought I was dumb, I knew I was creating things in my mind.” Brad adds, “ADHD lets you hyper-focus on things that you like.” He says that medication has helped him focus, slowed down his thoughts and allowed him to perform better in school.

Deborah Gatins comments on how challenging school can be for kids with ADHD because of problems with time management and organization. In high school, students are expected to conform, behave, sit quietly, not blurt out answers and keep track of things, but kids with ADHD struggle with this kind of behavior. Having ADHD doesn’t mean that these teens are not bright, talented, interesting and creative. Hyper-focusing, a symptom of some people with ADHD, means they get very focused on something they find engaging and interesting, but not necessarily homework or a class. It’s a different kind of inattention because they get so focused on what they’re doing that they don’t pay attention to other things going on around them.

There is definitely a genetic component to ADHD, Dr. Gatins confirms. It is viewed as a neurological disorder with biological causes. Some studies suggest that there are actual differences in the brain structure and in how people with ADHD process brain chemicals. Dr. Gatins emphasizes that people with ADHD are not stupid. “Once they’re focused, they bring the same intellectual capacity to the situation as anybody else.”

Substance Abuse Disorder
In this segment, 16-year-old Dezeray appears on-camera. She recalls that after she started experimenting with alcohol, she quickly reached the point where she could not control it. She describes being rushed to the hospital for alcohol poisoning. That’s when she realized she needed to stop drinking. Next, Dezeray talks about being introduced to marijuana. “I just really didn’t care about anything.” Her grades dropped. She realized that if she kept smoking or drinking, she would not be able to achieve her goal of becoming a professional dancer. “It was just like, I can’t keep on doing this to myself. First it happened with the alcohol and now it’s happening with the weed. That’s when I knew that drugs [are] not for me.”

Dr. Gatins explains that substance abuse is a disorder when the individual feels as if it isn’t a choice to get high, but rather a compulsion to continue using the drug, that “this is the only way I can feel good or feel normal.” She says, “It’s a psychological disorder when we have to battle with this concept of free will. Are you in charge, or are the substances in charge?” Substance abuse disorder interferes with the ability to lead a productive life. As a result, teens with this disorder are not living up to their potential. A major concern about substance abuse in teenagers, Dr. Gatins adds, is that young people’s brains are still developing into their twenties, so taking substances—alcohol, marijuana, club drugs, etc.—while the brain is forming can result in permanent brain damage.
Anxiety Disorder

In the next segment, viewers meet Molly, who has suffered from anxiety since fourth grade. “My way of dealing with it was withdrawal. I just shut the lights off in every aspect of my life. I didn’t go to parties or football games or school plays or anything like that; and if I did, the amount of energy that [went] into doing something [was] so overwhelming.” She describes the anxiety she felt merely by trying to get ready for school. “Am I going to wear this? Why am I going to wear this? Is someone going to judge me? Am I going to judge myself?…There’s kids on the bus just enjoying their day, and I’m sitting there thinking about how uncomfortable I am and how I just want to rip my skin off because I can’t turn off this jitter inside of me that just goes. I would think about my day and overanalyze everything.” Molly started having panic attacks, but she got help for her anxiety disorder through therapy and medication. “I’m more comfortable with who I am…I have support from a lot of people…I’ve got a lot going for me…I never in a million years thought I’d be where I’m at now.”

Dr. Gatins points out that everybody gets anxious occasionally, but being normally nervous or anxious comes and goes and is related to a specific situation, such as taking a big test or trying out for a play. But those with an anxiety disorder feel anxious all the time and become tense about things that don’t trouble other people.

Depression

In this segment, viewers meet Shane, who suffers from what is probably the most common psychological disorder suffered by teens: depression. Shane explains that people may feel sad when they lose their jobs or somebody close to them gets hurt, but a depressed person can’t give reasons for their emotional distress. Unlike sadness, depression doesn’t go away when the painful situation is resolved. Shane shares, “When people invalidated my depression, when they told me that it wasn’t real…it felt like I could never be understood, and that what was happening to me never happened to anybody else.” He responded by shutting people out, unable to find comfort in friends, television or books. He felt suicidal. “There’s this feeling that it will never end…that there is no light at the end of the tunnel…that it’s just a tunnel.” Shane feels very lucky to have survived his depression. “There was just this part of me that didn’t want to give up. I don’t know if life gets any easier. I know that with work, you can get better at dealing with it.” This attitude, he believes, “gives you power over the disorder even though you still feel it.”

Dr. Gatins assures viewers that it is normal to have some bad days or a bad week. Depression, however, doesn’t pass. “You may think, ‘I have a decent life. What’s wrong with me?’ People who are depressed may have trouble sleeping, eating, focusing and paying attention. They might have thoughts of suicide.” They often end up blaming themselves, but depression is not their fault. Dr. Gatins explains that depression originates from an imbalance of certain brain chemicals and tells viewers that certain medication can alter the levels of these chemicals and alleviate symptoms of depression.
The host returns at this point and distinguishes psychological disorders from the normal ups and downs of life: First, psychological problems don’t just go away but are present day after day. Second, psychological disorders interfere with having a productive life. Grades drop. “You stop dreaming about your future, hanging out with friends, laughing and enjoying life.” Third, everybody’s story is unique. “People experience psychological distress in different ways. You don’t have to be suicidal, underweight or failing classes to have a psychological disorder. If you feel that something is just wrong, and has been for a long time, then you should seek the advice of a professional.”

With help, viewers are told, anyone can learn better coping skills. Dr. Gatins encourages viewers, “Just like we know how to treat medical problems, we know how to treat psychological problems.” Most people who have psychological disorders and get help, get better.” Laura concludes the program with advice to viewers: “Don’t give up…Gaining strength and insight to yourself and learning to love yourself and overcoming your illness is so rewarding…just to feel how it feels to feel good.”

### Pre/Post Test Answer Key

1. c
2. b
3. d
4. d
5. b
6. a
7. c
8. a
9. b
10. d