

# Development Trajectories of Co-Occurring Depressive, Eating, Antisocial, and Substance Abuse Problems in Female Adolescents

**Palak Vaidya\***

*Department of psychology, Kean University, USA*

\*Corresponding author: Palak Vaidya, Department of psychology, Kean University, USA

Submission: December 19, 2017; Published: December 21, 2017

## Opinion

This article was an investigation of growth trajectories from adolescence of age 13 to 18 years old females. The hypothesis of this article was that females during this age are more likely to show increase in depression, eating disorder, antisocial behavior and are drawn to substance abuse. The goal of this article was to observe the developmental trajectories of the symptoms of psychiatric disorders that are often exposed over a period of time in adolescence. There were three aims that were focused on during the study. First, was to characterize girls' symptoms during adolescence; second was to observe temporal associations with other syndromes; and the last was to quantify higher order factors among the first-order growth factors.

According to the article there were four major symptoms in a life of adolescence; depression, eating problems, substance abuse and antisocial behavior. The sample size of this study was 493 adolescent females from early to late adolescent. The first symptom that was studied was depression. The article statistics says that 20% of teenagers experienced clinical significance high level of depression. Moreover, girls with depression often experienced high levels of anxiety, conduct, substance abuse and eating disorder, which followed to mood-related problems Measelle [1]. The research examined the relations between depression and other symptoms were not translucent since symptoms changed over time.

Another co-occurring syndrome that was examined was the eating problems in female adolescence. It was found that eating problems were highly variable and very unstable that also connected with substance abuse and depression Measelle [1]. Eating disorders were more related to depression than other symptoms. The main reason for this according to the article was unclear, but found that middle to late adolescence period had the greatest risk for these problems.

The third syndrome studied was anti-social behavior included sample group of boys and girls of adolescence. The findings showed that there was no significant decrease in the girls' conduct, though

there was one exception among girls than boys which showed decrease in externalization during their adolescence. There were no significant findings of anti-social behavior associated with temporal symptoms.

The last but not the least pathological syndrome discussed in the article was substance abuse problems in adolescences. According to the article it was found that male adolescents adapt alcohol whereas females favor stimulants. But the study also indicates that there were steady increases of abuse in females during their adolescent period. There were findings that substance abuse in females started before the age of fifteen and escalated developing relations with depression, anti-social and eating disorder problems. Eating disorder may also introduce feelings of shame and guilt, which could lead to substance abuse Measelle [1].

In conclusion, although there were some variations in all four syndromes there were significant correlations between eating disorder /depression and anti-social problems/substance abuse. It was also revealed that these symptoms were not only present in adolescent but the researcher indicated that they developed through out early adulthood as well. The article also proved that female adolescents' four symptoms are connected due to other related symptoms and increased the risk of symptom growth in other domains Measelle [1]. Negative effects from depression and eating pathology predicted increase in abnormal eating habits such as, Bulimic, binge eating and general eating. Nonetheless, this study also provides assurance that the temporal effects results are acceptable. The study also mentions comorbidity occurs during adolescence but the results show it's scattered. Evidence based research supports the article by stating that females' react differently during these fours symptoms in stages of their adolescent.

The article presents many strengths as well as many weakness. In my perspective, one of the main strengths that the article had was the four major pathological problems presented in adolescents and adults today. The methods and the analysis they used were very



accurate and detailed by using structured interview to measure depression and eating disorder; whereas anti-social and substance abuse was assessed by delinquency subscale and DSM-IV. The strengths they investigated by correlating between intercept and slope factors which were significant and negative. The analysis revealed that the girls who had high initial levels were in their early adolescent and showed slower growth in their later adolescent.

There were some weakness as well that were present in the study. Apart from the four pathological problems mentioned there are many external factors which result in those problems and were not analyzed in the study. For example, anxiety, family issues, genetic factor, peer pressure and sexual orientation etc. Anxiety is a major factor of depression. It starts with any personal problems such as, uncertain death, break ups, debts, accidents, different phobias etc. Family issues can be a factor of death in the family, financial crisis, disagreements, single parenthood, co-opts and many other issues which result in depression or external support for substance abuse. Sometimes, it also happens that substance abuse can be resulted through genetics. Pregnant mothers using drugs or any other abusive stimulants can lead to deformation of the child or mental challenges that they face. Peer pressure is one of the most common reasons of depression, substance abuse, eating disorder, and antisocial behavior. Adolescents feel pressured to fit in the groups and adapt their peers' behavior to maintain their relationships and status-quo. Sexual orientation can also be a factor which begins in early adolescence. These are some of the few external factors not mentioned in the article which result in depression, eating disorder, antisocial behavior, and substance abuse.

According to my perspective the article needs more sample

size with larger range of age including male and female. Further research can include comparison between both genders involved in the four pathological symptoms and the external factors mentioned above, rather than having a biased research with only females. This will increase the statistical analysis results and show more accurate risk factors and correlation. To maintain the precision of the article the researcher could extend the five year span of adolescent to ten years. This change would give a broad range of data and clarity of the research.

As a future counsellor this article will help me better understanding the phase of a female adolescent and will also help me solve the situation. Keeping the positive aspects of the article in mind, I would also consider taking in the negative points such as, not being judgmental and biased towards females. It will also help me consider other factors that are not present in the article to help resolve the four issues and the external issues mentioned above. This article influenced me to think outside the box and interpret individual concerns practically, emotionally, and theoretically in future counselling sessions. Furthermore, this helped me view that not every individual have same behaviors and can be developmentally premature. This also made me think that even though every human being goes through the same stages in life but, not every individual comes from same backgrounds. And therefore, everyone goes through different situations which can lead to different symptoms and behaviors.

## References

1. Measelle JR, Stice E, Hogansen JM (2006) Developmental trajectories of co-occurring depressive, eating, antisocial, and substance abuse problems in female adolescence. *J Abnorm Psychol* 115(3): 524-538.