

FRUSTRATION IN ADOLESCENTS **AND ITS EFFECT ON THEIR MENTAL HEALTH- A** **REVIEW**

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Abstract

FRUSTRATION is a deep chronic sense or state of insecurity and dissatisfaction arising from unresolved problems or unfulfilled needs. Children and adolescents have unique developmental and social needs. They live in an uncertain, unpredictable and unstable world. Their life situation and problems are superimposed on their changing growth and development. No wonder, mental health problems are the stark reality in today's adolescents. Poor mental health is strongly related to other health and development concerns in young people. Frustration leads to some typical behaviors in individuals. One of them is persistence or continuation of efforts to get around whatever is causing the frustration. The concept of aggression as a reaction to frustration is known as the *frustration aggression hypothesis*. Constant demands and pressures, and unfulfilled expectations weave a complex web of frustration which affects the Mental Health of the strained and frustrated adolescent. This study is an effort to clarify these complex issues and awaken the parents, teachers, policy makers and the custodians of the society so that our future generation can lead a life of complete harmony and sound mental health.

Keywords Frustration, Adolescence, Mental Health, Frustration- Aggression hypothesis

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Frustration is an emotional reaction to anger which is felt by everyone at some or the other stage of their life. While dealing with frustration (and therefore finding a solution) is easy for adults... it's significantly more challenging for teens. Immaturity, brain-development process, peer pressure, identity crises and hormonal changes play a constant role where teenagers are concerned.

According to Carson and Butcher (2014), "a wide range of obstacles, both external and internal, can lead to frustration. Prejudice and discrimination, unfulfillment in a job, and the death of a loved one are common frustration instances stemming from the environment, physical handicaps, limited ability to perform certain tasks, loneliness, guilt and inadequate self-control which also are sources of frustration based on personal limitations.

Howland (2016) has elaborated, "Perhaps the only thing that nearly rivals frustration in teenagers is frustration with teenagers. They hate you, but could you do them a favor? You love them, but, wow, they're not the sweet kids you cuddled when they were 10. All that might be easier if parents — along with teachers, law enforcement and even the teenagers themselves — understood that there are physical causes for some of the craziness." Frustration is a temperamental feature characterized by negative affect related to interruption of ongoing tasks or goal blocking. In other words, children with high level of frustration react strongly and aversively to obstacles that prevent them from doing what they want (Oldehinkel et al, 2006). According to the Encyclopedia of Mental Health (2015), some children and adults who are constantly frustrated show regressive behavior and may become unable to cope with problems on their own. Modern life is filled with frustrations from childhood through old age. Some children are frustrated by their parent's high expectation, and many parents are frustrated by their inability to provide material goods for their children".

Frustration leads to some typical behaviors in individuals. One of them is persistence or continuation of efforts to get around whatever is causing the frustration.

Frustration and Aggression The concept of aggression as a reaction to frustration

is known as the *frustration aggression hypothesis* (Berkowitz, 1993; Miller *et. al.*, 1941). According to Cicarelli and Meyer (2008), another possibility is to take out one's frustrations on less threatening, more available targets in a process called displaced aggression. Such targets often become scape goats, or habitual targets of displaced aggression.

Aggression is not the only reaction of frustration; another reaction for frustration is escape or withdrawal. It can take the form of leaving, dropping out of school, quitting a job, or ending a relationship (Cicarelli and Meyer, 2008). Differentiating youth who function adaptively under stress and those who do not, is a high priority in developing a comprehensive understanding of youth resilience (McKay 2005). According to him, youth who develop personal resources and skills to accommodate stress have been found to be more resilient and better able to handle life's adversities.

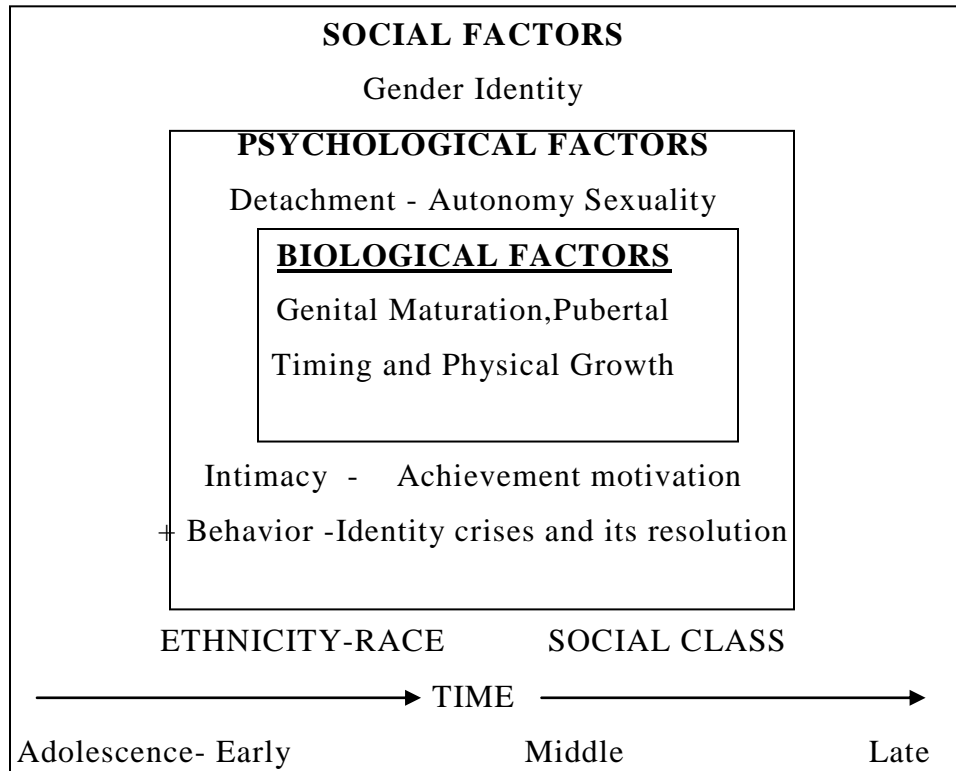
Adolescence is the period of transition between childhood and adulthood that involves biological, cognitive and socioemotional changes (Santrock, 2007). A key task of adolescence is preparation for adulthood. Indeed, the future of any culture hinges on how effective this preparation is (Larson and Others, 2002).

Theoretical Viewpoints on Adolescence *Anna Freud's psychological theory:* Anna Freud saw the major problem of adolescence as being the restoration of the delicate balance between the ego and the id, which is established during latency and disrupted by puberty. There is excessive usage of unconscious defenses of the ego, especially repression, denial, and compensation. It causes new stresses within the individual and tends to further increase the level of anxiety (Freud, 1968). *Erik Erikson's Psychosocial Theory:* According to Erikson (1975), the main task of the adolescent is to achieve a state of identity. He proposed that successful identity development in adolescence involves the overall configuration of ego needs and the social ethos of families, schools, and communities during a particular moment in history (Erikson, 1968). *John Hill's Bio psychosocial Theory:* Psychologist John Hill was one of the first to produce a bio psychosocial theory of adolescence (Adams and others, 1996). The concentric rings of Hill's model portrays the interrelatedness of three factors. Biological factors are in the

center because they are present at birth, as are some of the psychological factors. However, all the psychological and social factors begin playing (Hill, 1987).

Adolescence in Today's Times Robert Kegan, Harvard Psychologist, believes that we all want a lot from teens. He suggests that in general, our expectations of our teenagers are too high (Kegan, 1994). There is considerable evidence today that the great majorities of adolescents pass safely through this stage of life and become reasonably happy adults to make contributions to their families, friends and communities. Nevertheless, some researchers are finding that our youth are under greater stress than those in previous decades (e.g. Reisberg 2000) and this is being reflected in an increase in a variety of high risk behaviors economic hardships, competition and poor skills leading to frustration in adolescents (Dacey and Travers, 2002).

Adolescence in India-It is not understood in India like in the west. Adolescence is seen as a trend setting stage in some cultures, and a deviance prone, immature, in others. The reality demonstrates that for a large majority of Indian teenagers, childhood does get truncated while adolescence is seldom experienced. In poor, socially disadvantaged and tribal families as well as for girls, childhood is terminated early, and adult roles and responsibilities are forced on them (Singhal and Rao, 2004)



Adolescence-*John Hill's Theory*

Mental Health is a major health challenge around the world. The WHO (2001) has identified four aspects of an individual's total health viz., physical, mental, social and spiritual. Thus, mental health is a condition of psychological maturity. Taking the definition of mental health given by WHO (2005) as the starting point, Gustafsson *et al.*, (2010) state, "Child and adolescent mental health is defined as the capacity to achieve and maintain optimal psychological functioning and well being.... it includes a sense of identity and self-worth; sound social relationships; the ability to be productive and learn; and the ability to use developmental challenges and cultural resources to maximize growth." According to Healthy People (2010), published by the US government, mental health is a state of successful mental functioning, resulting in productive activities, fulfilling relationships and the ability to adapt to change and cope with adversity

Mental Health in Adolescents Mental Health is a state of good adjustment with a subjective state of well being, zest for living and the feeling that one is exercising his talents and abilities (Mathur, 2007). Kirkwood *et. al.*, (2008) also emphasizes the importance of this stage. According to him the brain undergoes significant structural and functional changes during adolescence. Thus, everything that happens at this stage has long-term effects. For example, if the child-experiences cognitive problems, which have a learning difficulty, it can lead to poor self-esteem or to frustration that results in the child's disengaging from learning. Thus, mental health problems are the stark reality in today's adolescents. Poor mental health is strongly related to other health and development concerns in young people, notably, lower educational achievements, substance abuse, violence and poor reproductive and sexual health (Patel, 2007).

Mental Health Problems in Adolescence According to Bordin *et. al.* (2008), child mental health problems (outcomes) are defined as internalizing problems only, externalizing problems only, and both internalizing and externalizing problems (comorbidity) "*Internalizing*" corresponds to inwardly-directed emotional and subjective symptoms that are hard to observe and cause suffering to the individual affected (e.g. ideas of suicide, depression and anxiety). In internalizing problem behavior, negative emotions are directed at oneself rather than others. Externalizing problem behavior refers to behavioral problems. It includes negative emotions directed against others, such as anger, aggression, frustration, hostility and fear. Girls were at a greater risk than boys for internalizing problems (Bordin *et. al.*, 2008). Mental Health problems decrease the probability of completing high school or enrolling in college (McLeod *et. al.*, 2004).

FRUSTRATION AND MENTAL HEALTH Negative affectivity being a temperament dimension encompassing frustration and fearfulness, reflects the tendency to experience negative emotions when confronted with environmental challenges (Rothbart *et. al.*, 2000). Lack of family closeness, poor communication, absence of supportive relationships, parental rejection and little emotional warmth are all prevalent in families with mental health problems and are associated with an increased risk of emotional and

behavioral problems in off springs (e.g. Pilowsky *et. al.*, 2006, Meares *et. al.*, 2000).

The experience of stressful life events is a well established risk factor for the development of many mental health problems like aggression, depression in adolescence and adulthood (Goodyer *et. al.*, 2000; Silberg *et. al.*, 2001). Individual differences in sensitivity to stressful life events may be explained by differences in negative affectivity (Bouma and Ormel, 2007).

There are many instances when adolescents have to make adjustments during economic hardships which could generate frustration, anger and general demoralization (Conger *et. al.*, 1991). People use many unhealthy behaviors to overcome or reduce frustration, irritation and anger at the time of substantial stress (Johnson, 1990; Jamner *et. al.*, 1999).

Adolescents high in negative reactivity have a tendency to experience high levels of anger, frustration, irritability, nervousness, fear and sadness while research indicates that these children are at risk for developing a host of behavioral and emotional problems (Morris *et. al.*, 2002; Silk *et. al.*, 2003; Shields *et. al.*, 1994). Neuroticism can lead people down at least two very different pathways. The first is pessimism, resentment, and anxiety that can lead one to give up on medical regimens, turn to substance abuse and avoid interpersonal assistance that could help protect health (Friedman, 2000). With frustration, Neuroticism can turn into chronic anger. These people may have depressive affect and symptoms, stress, poor self esteem, dissatisfaction with life and low positive affect (Denollet, 1998).

Anger and fear lead to reactions which are clearly not under the control of one's will. It could be argued in fact that many, if not most of the aggressive behaviors following intensive frustration, are impulsive behaviors that were not intended (Trembley, 2000). Osofsky (1995) argued that exposure to chronic violence directly and adversely affects children's mental health. Adolescents who live in violent environment and face excess of stress and frustration, may show signs of post-traumatic stress

disorder, including disrupted patterns of eating and sleeping, anxiety, fear and re-experience of the violent episodes they have witnessed.

Daily frustration to goal pursuit is suggested to be an important stressor and can lead to many health problems, for example, headaches. Furthermore, the extent to which adolescents believe in their ability to cope also appears to influence experience of subsequent headaches or any other problems (Massey, Garnefsk, Gebhardt, 2009). The pattern of decreased frustration tolerances stimulating acute or chronic anger reactions and manifested by overt or repressed hostility and aggression constitutes a primary etiological mechanisms which clarifies the dynamics of many syndromes, including the paranoid reactions (Thorne 1953).

According to Tremblay (2000), there are many factors which will influence if the individual will use aggressive means or unhealthy ways to overcome frustration. If the child is surrounded by adults and children who physically aggress each other, he will likely learn that physical aggression is part of everyday social interactions. On the other hand, if he lives in an environment which does not tolerate physical aggression and rewards prosocial behavior, it is unlikely that the child will acquire the habit of using physical aggression as a means of obtaining what he wants or of expressing his frustration .

School settings that are competitive and ability-focused are likely to promote feelings of frustration, disaffection and self-consciousness for many students whereas settings that emphasise task mastery and improvement may relate to diminished self-consciousness during learning (e.g. Ames, 1984, 1992a; Covington, 1992). Roeser *et al.*, (1999) suggested that it was inappropriate skills and behavior rather than general cognitive incompetence that set in motion the maladaptive trajectory of development. Poor skills could lead to failure, frustration, poor conduct, teacher disapproval and so on.

Conclusions Many researchers interested in adolescent development today focus on

understanding how, through the provision or absence of certain social opportunities, adults cultivate or foster frustration in positive identity formation and other behavioral development during adolescence (Eccles *et. al.*, 1993; Jessor 1993; Sameroff, Seifer and Bartko, 1997).

Frustration is a common emotion for teens. Adolescents face the stress of school, parental expectations, the need to fit in with a peer group and the desire to find their place in society. Although frustration is a normal part of growing up, learning to cope with frustration constructively is challenging for some teens. As a parent, learning about frustrations of adolescents and guiding them toward healthy coping skills can help them thrive in these frustrating years. Recently, there has been a growing trend in this work towards positive vision of youth development in which the focus is on how, through social systems reforms, practitioners can cultivate developmental strengths and assets in young people (e.g., Carnegie Council 1995; Cowen, 1991; McLaughlin and Irby, 1994). If proper opportunities are provided for youth then they will not indulge in unhealthy behaviors and it will lead to decrement in hostility and frustration and will bring positive mental health outcomes.

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