in this policy and legislation would be applicable in other fields of a so-called "structural health policy."[15]

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Dynamic Approach to Adolescence

The adolescent process

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Treating the disturbed adolescent means looking at different aspects at the same time. To discover the best way of handling him within his total situation many different factors must be taken into account—notably the adolescent process, the pathology of the adolescent, and the force of the ripples he creates in those around him that rebound on him.

If drugs have to be used, then these, with their pharmacological and multiple psychological effects on him and those around him, will further complicate the picture.

A time of rapid change

Several rapidly occurring changes and new capacities develop in the adolescent all at once. He must exercise and test out his new capacities and, at the same time, try to adjust to these continuing changes. The greatest physical and intellectual growth occurs during these years; there are also hormonal changes and their consequences and intrapsychic conflicts.

Rapid physical growth and body changes alter his body image, strength, agility, and speed, while rapid intellectual development increases his thinking ability. He becomes critical in his thinking and interested in philosophical ideas, and may participate in idealistic ventures. He begins to realise that his parents are not the omnipotent, omniscient creatures he thought they were, and he becomes critical not only of what they are doing now but also of things in the past.

The activity of the endocrine glands produces the beginning of sexual maturity, with development of the sexual organs and their functions and the secondary sexual characters. Powerful sexual feelings re-emerge, taking the form of the only such feelings he has experienced—infantile ones; but this time, being modified by the demands of society, the attitude of his family, and his own sense of decency, they appear in a disguised and acceptable way. The Oedipus complex—love for the parent of the opposite sex and rivalry with the parent of the same sex—rarely appears in this clear and simple manner. Nevertheless, these elements are almost always present, and in their modified and well-defended form they are often experienced as denial,[1] so that the adolescent resents any signs of closeness or affection from the parent.

He looks forward to his impending independence, freedom, and adulthood, but is frightened of the new world ahead of him, afraid of letting go the only security he knows, his dependence and relationship with his parents and home, even though he does not think much of these.

Anger and ambivalence

He is an intensely angry young person because he is bursting with energy and excitement, wanting to rush out, experiment, and live, but is being curbed by everything around and within him—by society, the law, lack of money, his parents and the authorities, and most of all his own fear and feelings of inadequacy. Parents are felt to be the chief offenders and bear the brunt of this anger and rebellion. At the same time he still loves his parents and needs them, and feels bad about his feelings of anger. He becomes depressed, confused, and insecure, particularly when he does something that he does not like doing; so he joins groups and gangs to gain their support. Such activity leads to agonies of guilt, which is denied because it is too painful. These powerful ambivalent feelings are sometimes split and attached to different people, and he may intensely love one adult and intensely hate another. He may attach the different valences of his feelings to his parents if the parents do not get on well with each other. These feelings are often displaced on to authority figures in schools and inpatient units. Some adolescents find the angry feelings about their parents so unacceptable that these feelings remain unidentified and they become inexplicably unhappy and depressed.

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Adolescents have a powerful involvement with authority. On the one hand they need it to feel safe and secure, and on the other they want to rebel against it, break free from it, and build their own internal authority for themselves. They fear and dislike authority figures but also want to get close to them, test them out, and discover what they are really like.

All these various experiences and feelings act on each other and produce a picture that is most confusing for those trying to understand the adolescent. It is even more confusing for him. He experiences intense conflicting feelings, sometimes one at a time and sometimes simultaneously. He may feel he is going mad. In the midst of all these changes and confusions he wonders who or what he is. His identity is changing and does not stay fixed long enough for him to recognise himself.

Coping with conflicts

Young people cope with these confusing, worrying, and depressing feelings in different ways. Normally school activities serve as a vehicle for conflicts. The adolescent can use his newly developing capacities in his studies and in sports. He can perform his testing out, rebelling, competing, and group activities and at the same time share his problems with his mates and obtain group support from them as he develops normally through school. He can idealise and fantasise, and can use his fantasies not only to test out his impulses and ideas but also to keep his spirits up as he strives to achieve his ideals.

Sometimes the adolescent may get carried away and with the support of a group of youngsters joins in some aggressive or destructive activity that he would not otherwise have performed. Normally, he quickly learns from such experiences and soon stops that sort of activity. This is not pathological behaviour. At other times he may go through a period of self-absorption, introspection, and withdrawal while struggling internally with these conflicts. He will emerge from this self-absorption when necessary and appropriate. This is not a pathologically depressive state.

Clearly, then, much of the adolescent's behaviour, both as an individual and in groups, is confusing. It is not easy therefore to distinguish between normal adolescent behaviour, pathological behaviour, and acting out.

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Medicine and the Media

Doctors and television

FROM A SPECIAL CORRESPONDENT

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> "The essential ingredient, therefore, is trust, between the medical world and the world of broadcasting, and without this there can be no satisfactory way of serving the lay audience. . . ."[1]

It's sometimes difficult to believe that the debate on medicine and television came into real prominence only twenty years ago: it seems to have been going on ever since one can remember. At that time there was some sharp *BMJ* comment on the BBC series "Your Life in their Hands," first screened in 1958, and the debate has continued, sometimes editorially but more often in aggrieved contributions to the correspondence columns of the journals. I haven't always agreed with the detail of every complaint, but I've always sympathised with the idea behind them: that patients or their relatives may be distressed by what they see, even to the point of refusing lifesaving treatment. But latterly the skill and devotion of the television producer have also been cogently argued, by people I know, like, and respect. Must television and medicine, therefore, always be at opposite poles? Is there no way of arguing matters of legitimate public concern without causing alarm? And what precautions do the television people take to try to get things right?

To answer these and other questions I talked to two doctors who had taken part in separate features in 1977, and to three people concerned with producing programmes. The programmes I chose in deliberate contrast to one another: one, a *Panorama* feature on practolol, was, I thought, the worst medical television programme I had ever seen, with its lack of balance and misunderstanding of the real issues; the other, a sensitive *Horizon* feature on thalassaemia, had received wide acclaim. In the event, however, neither doctor had been entirely happy with the programme itself nor with the way his own filmed contribution had eventually been used. In one case the doctor would not have taken part if he had known just how the programme would end up, and both thought that some sort of refereeing system of the finished programme was the only way of achieving a balanced view.

Panorama and practolol

Dr Michael Denman, a participant in the *Panorama* programme, condemned it not only for its superficiality and inaccuracy, but also for the erroneous implication that the toxicity of practolol should have been predictable and the doctors had ignored the side effects. The manufacturers had been cast in the role of commercial villains, thereby ignoring their truly responsible role, and the value of a drug that had restored hundreds of thousands of patients to good health had been passed over. In the initial discussion he had had a lot to say about the scientific difficulties of identifying a drug syndrome, but virtually all of this had been edited out of the final programme.

"I will never consent to take part in another television programme," Dr Denman continued, "and will advise my colleagues to refuse as well until I am satisfied that the final version will receive the same standards of editing that are given to other scientific communications." Even so, there were both tactical and strategic lessons to be learnt from his experience. Firstly, doctors should insist on adequate notice—the three days' warning he had had were insufficient. Secondly, they should