Canadians witnessing this are now outraged because the Federal civil servants, with the connivance of the Federal politicians who are included in the largesse, have indexed their pensions to the rate of inflation that they themselves are creating. Not only are the politicians apparently powerless to prevent this, but, very obviously, they have little stomach for its prevention.

Locally, our provincial civil servants, strongly unionised and prepared to strike against the public at regular intervals, have achieved a level of reward for work done, or not done, that those in the private sector cannot hope to match. And now we have a fourth layer of expensive government, complete with its expanding panels of expert advisers, sandwiched between the provincial government and the local municipalities—the regional boards. Four layers of bureaucracy, all at the taxpayer's expense and, as often as not, busily engaged in hampering each other's efforts.

There are some among us who would say, at this juncture, that it would be better for the medical profession to join these

self-protecting ranks, but already too many doctors have lost their sense of fiscal responsibility and too much of medical costs come out of government revenue. Should all the independent groups in our society seek to infiltrate this growing herd then, indeed, it would become truly Gadarene and rapidly plunge our currency to destruction, and, probably our country with it.

So we have no alternative but to soldier on, paying our increasing taxes, watching our savings shrink, in the hope that there will one day arise from the ranks of good, hardworking honest Canadians a leader who will treat this monstrous bureaucracy with ruthless dispatch. When the public gladiators and civil servants tried under the leadership of Spartacus to usurp the power of Rome, Licinius Crassus and Pompey knew precisely how to deal with them. There is a suitable stretch of roadway from Ottawa to Montreal.

And if this be the wonderings of a paranoiac rather than the heartfelt cries of a loyal Canadian then lead me to the booby hatch.

Dynamic Approach to Adolescence

Pathology of the adolescent

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The cause of disturbance in an adolescent may often be found in his home background, and a breakdown of referrals to Brookside, the regional adolescent unit for the North-east Thames region, in its first year shows how important this was.

Analysis of Brookside referrals

During the year after its opening Brookside treated over 200 adolescents. The policy of Brookside was then unknown in the region. There was an idea within the unit that it would operate as a multidisciplinary, dynamically orientated, open-door therapeutic community. It was only an idea. The intention was for the unit to evolve and develop in whatever way would best meet the needs of the adolescents in the region. Thus during the first year the patients referred could reasonably be assumed to be an unselected sample of disturbed adolescents. To assess the part played by family relationships we carried out an analysis of the 157 cases out of these first 200 in which we had a reliable family history (that is, information from previous social inquiry reports or from personal contact of the Brookside staff with the parents).

Of the 157 patients in the sample, 138 fell into the diagnostic groups neurotic disorder, conduct disorder, and mixed disorder (table). There is no known biochemical or organic cause or

simple treatment for any of these conditions. Early and general environmental factors must therefore be examined to find causes and the treatment fitted to these. Inherited character traits such as the capacity to love and hate or the tendency to depression or schizophrenia probably do have a causative role and are relevant to prognosis, but they are essentially academic so far as treatment is concerned.

In an analysis of marriages of the parents in relation to the diagnostic groups the marriages were divided into five groups graded from 0-4: *grade 0*—total breakdown of the marriage with parental divorce or separation that occurred before the child started school; *grade 1*—irretrievable breakdown of the marriage before the child started school, even though there was no formal separation or divorce; *grade 2*—parental conflicts for many years acknowledged by parents even though divorce or separation was not contemplated; *grade 3*—marital conflicts not at first acknowledged by parents but subsequently accepted by them; *grade 4*—no appreciable marital conflict detectable.

One hundred and thirty-seven patients out of 157 had parents with bad marriages. Conduct disorders predominated where the parental marriages had been disastrous—that is, graded 0 and 1—whereas the neurotic disorders were commoner where the parents had stayed together despite difficulties—that is, grades 2 and 3; this difference was highly significant ($\chi^2 = 36.43$; $P < 0.001$).

Symptoms and behaviour of diagnostic groups

Conduct disorders—The disorders most commonly described were disruptive behaviour in school and at home and minor infringements of the law—such as stealing, playing truant from school and home, exhibitions of violent anger, self-mutilation, and in girls promiscuity.

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Numbers of patients in different diagnostic groups subdivided by grade of parents' marriage

	Grades of marriage	Neurotic disorder	Conduct disorder	Mixed disorder	Psychotic disorder	Personality disorder	Total
Disastrous marriage	0 and 1	14	41	15	8	4	82
Stayed together despite marital conflicts	2 and 3	30	9	11	4	1	55
Good marriages	4	14	1	3	2		20
Total		58	51	29	14	5	157

Neurotic disorders—The common symptoms were withdrawal from ordinary social life, inability to leave the home, school refusal, depression, suicidal attempts, and refusal to eat. These common symptoms appeared in varying combinations. The depression seen in most of these adolescents was very different from endogenous depression seen in adults, where there is a total depression of all the faculties together with apathy and the usual sleep and mood changes. It was rather a selective depression in which interest was retained and expressed in certain aspects of life and in different conditions—for instance, the boy who might be depressed at home would be quite actively interested in some destructive behaviour with his friends, or the girl who was withdrawn, tearful, and depressed at home would come for her appointments in the outpatient department with painted nails and made-up face.

Meaning of the behaviour of these groups

The commonest environmental factor was the disturbed relationship of the parents, the patients having continued unstable relationships with adults. This resulted in an inability to trust adults and make ordinary relationships with them, fear of experiencing and expressing their loving dependent feelings, fear of their own anger and nastiness, a poor self-esteem, distorted ideas of their power to destroy adults, intense jealousy and rivalry with siblings, false ideas of their sexuality, and neurotic demands for love and affection. These tendencies appeared in varying degrees and in different combinations and acted on each other, producing a multiplicity of different pictures. The essential difference between the conduct disorders and the neurotic disorders was that what was "acted out" in the former was "acted in" in the latter. During treatment one often changed into the other. The exact manner in which these symptoms presented and the degree of intensity of the disturbance also depended on the age and developmental stage at which the primary environmental trauma was experienced. The most strikingly characteristic picture is seen in the "oral personality," characterised by gross attention-seeking and excessively demanding behaviour, the patient expecting things to be done for him and having no conception of helping himself—which is typical of a feeding baby.

Apart from bad relationships between the parents and separations from one or both of them, the child can be affected by the pathology of one or both parents. Likewise cruelty, excessive discipline, or over-laxity may cause disturbance. Often the parents have a poor relationship with each other but do not experience it as such because they have diverted their attention away from each other on to the children. In such cases, quite unknown to the parents, the children bear the brunt of the unspoken and unfelt parental conflict.

Acting out and pathological behaviour

Acting out—The analytical meaning of acting out is behaviour that is compulsively embarked on under the threat of an emerging unconscious experience.^{1 2} It could be described as "instead of behaviour"—that is, instead of experiencing the conflict, painful feelings, or fantasy in the conscious mind some activity is substituted that bypasses the internal experience. A careful examination of the nature of the acting out will give clues about

the nature of the unconscious internal conflict. The acting out need not necessarily be unlawful or antisocial. Much "normal adolescent behaviour" in schools, in groups, and on the playing field amounts to true acting out but is acceptable behaviour in the particular social setting. If such behaviour represents temporary unconscious conflicts then the adolescent usually develops into a normal, healthy adult. Many normal adolescents do not experience all the confusion, conflicts, and depression of growing up because they dissipate these feelings and tensions by acting them out in their behaviour.

Pathological behaviour—Pathological behaviour is behaviour that arises as a result of some pathological process as opposed to a normal process. Some antisocial behaviour, though not all, results from acting out pathological conflicts. Pathological behaviour resulting from acting out is not necessarily antisocial. It may arise from acting out, poor ego strength and impulse control that can have either an organic or an environmental basis, or inadequate or bad training.

To distinguish between acting out, pathological behaviour having some other cause, and normal adolescent behaviour can be extremely difficult. A common area of confusion is the sexual behaviour of the adolescent. For adolescents to experiment with each other sexually is normal and healthy. What attitude does one then take to a teenage boy and girl at Brookside who were frequently cuddling and kissing and becoming sexually intimate with each other in the presence of the other residents and some of the staff? Do you say this is quite normal for adolescents and leave them alone, or simply take the position that sexual behaviour is personal and private and should not be engaged in in public? This might have driven them and perhaps others into engaging in sex in privacy. Should you look at the effect that their behaviour had on the other residents and the total community and discourage what they were doing? Would discouraging what they were doing encourage an unhealthy, perhaps homosexual, development? In the case of these two it was relatively easy to arrive at the appropriate attitude. Looking a little below the girl's superficially defiant exterior made it clear how humiliated she felt by what was happening, and going into their backgrounds made us realise that both were acting out strong sadomasochistic tendencies. They were defending against a bad feeling about themselves by attempting to make these feelings socially acceptable and "normal," and at the same time they were inviting staff to do something about their difficulty. The girl responded well to discussion of her feeling and to support, the boy did not.

References

- 1 Freud, S, *Complete Psychological Works*, vol XII, p 151. London, Hogarth Press, 1958.
- 2 Freud, S, *Complete Psychological Works*, vol XVII, p 101. London, Hogarth Press, 1955.

ONE HUNDRED YEARS AGO On Tuesday last, at Plymouth, William Owens, master of the ship *Chyrolite*, was fined the lowest penalty of forty shillings, for providing an insufficient supply of lime-juice during the voyage of his vessel from Cardiff to Aden, thence to Calloa. Scurvy broke out among the crew when the supply ceased, and some of the men had on their arrival to be sent into hospital. (*British Medical Journal*, 1878.)