Dynamic Approach to Adolescence

Effect of society's reactions

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The effect on the adolescent of the reactions of those around him often tends to perpetuate or worsen his difficulties. All people are affected by the reactions of society at large to their own behaviour. Normally, the many different reactions tend to counteract and mitigate one another; and everyone concerned tends to adjust and adapt in such a way as to achieve mutual comfort and benefit, leaving the individual relatively undisturbed and able to cope. With the disturbed adolescent this balance often fails because his deeper feelings are so intense, confused, and easily exposed, and because the deep feelings of those around him are touched.

Guilt feelings and fantasies

A youngster who suffers from deep guilt feelings often seeks to allay this guilt by constantly inviting attacks on him in various ways. Those around him who themselves experience conscious and unconscious guilt readily respond to this invitation, accepting a quick and easy way of feeling better for a short time by displacing on to the adolescent their own guilt and punishing him for it. This manoeuvre helps neither party as neither of them has truly experienced the guilt, felt remorseful, and made reparation for it. This often unconscious manipulative, collusive manoeuvre, while promising each of them a better feeling, actually makes things worse for both because now they have more bad feelings to bear. Such attempts to allay guilt by inviting punishment sometimes lead to delinquency and crime and punishment by the law.^{1 2}

Another common experience is the effect on those around him of the disturbed youngster's projections. Adolescents tend to stereotype adults in a way that is relevant to their past experience because they have within themselves images of people that have been coloured by both the reality they have experienced and their own fantasies.³ These images are commonly split off and projected on to those around. (The term splitting off describes either the unconscious manoeuvre of dividing people into wholly good and wholly bad or an unconscious internal process of splitting off bad experiences and feelings from consciousness, which may then be followed by projection. The two uses of this term can be understood as arising from the same basic mechanism.)^{4 5} Sometimes the projections are so powerfully conveyed as to influence other people, tending to make them react in the expected way^{6 7} and thereby confirming the adolescent's stereotyped expectations. This intensifies and perpetuates the adolescent's own disturbance and also hardens the attitude towards him of those affected. Indeed, the whole

process also works the other way, for these mechanisms of stereotyping and projective identification^{6 7} are not confined to adolescents.

Delinquent adolescents who have great feelings of persecutory anxiety complicating their consciences often accuse adults of being punitive and behaving like bad policemen when, in fact, they are simply being caring or concerned about their behaviour. At such times adults find it difficult neither to attack and persecute the adolescent for his accusations nor to alter their position in defence of their caring attitude, but it is the only way to help him with his distorted perception.

Rebound phenomena

Common clinically relevant instances of these rebound phenomena are seen in individual relationships, within families, and in the community.

IN INDIVIDUAL RELATIONSHIPS

The disturbed adolescent who is frightened of his confused and intense feelings is seen by an adult, often a doctor or a community worker. He often presents the worst and most frightening aspects of himself, partly because he is angry and partly to find out whether the feelings that he is experiencing are indeed as frightening and as horrible as he feels them to be. If the adult who is confronted by the disturbed adolescent himself becomes confused and alarmed and begins making efforts to get rid of him, the adolescent becomes even more frightened of his feelings, believing—in this case rightly—that the adult is afraid and unable to handle these difficulties and feelings because they are indeed horrifying. Thus he feels helpless and angry that no one can help him, and his bad behaviour escalates. Sometimes the same effect is created by giving him medication without discussing fully with him the reasons for and the meaning of this. Often, sitting down quietly with him and calmly discussing, at a simple, practical level, something about his difficulties and feelings quiets him considerably and provides the listener with the opportunity to learn and understand more of what is going on in the adolescent's mind.

WITHIN FAMILIES

Members of a family grow into occupying certain positions and having certain roles within the family that are mutually convenient for all members of the family. This family equilibrium could be based on foundations of relatively great personal freedom for the individual personalities within the family, at one extreme, or on grossly pathological mechanisms at the other. During adolescence, when there is a resurgence of powerful feelings and a wish to break away to freedom, a disequilibrium develops within the family and the family mem-

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bers react to retain the equilibrium, with a consequent greater wish to change things on the part of the adolescent, and so on, creating a vicious circle. Where the family equilibrium thus far has been based on pathological mechanisms this situation is unlikely to resolve itself and the disturbance of the adolescent who becomes the designated patient steadily increases.

IN A COMMUNITY

Adolescents who find their way into community homes and assessment centres have usually had an appallingly bad family background, suffered emotional deprivation, and experienced being unwanted most of their lives, and have a poor self-esteem. Simply moving such an adolescent from one place to another is sufficient to reproduce in him all the deepest emotionally painful experiences to which he has been subjected. He may react to this in various ways. If, however, his reaction is threatening to the staff in such places then natural reaction of the staff is to want to expel him fast. The adolescent who observes this reaction experiences yet another rejection and further evidence of his utter badness. He becomes more disturbed and angry, and expresses or suppresses these feelings as best he can. The staff who observe this reaction in the adolescent feel more threatened, and so on, again creating a vicious circle. Often the social worker is then asked to remove the youngster and is hard pressed to find a suitable place. The doctor, who is not under the same pressure as the social worker or the residential staff, tries to assess his real emotional needs and the possibility of working with him.

Already, then, there are three sets of adults with different aims and feelings surrounding the disturbed youngster—the residential staff who want him out; the social worker, under great pressure, who wants to find any place for him; and the doctor, who is trying to do something the adolescent does not

even understand. His confusion, his feelings of helplessness, and his anger increase. If there are parents, they often think that their child is hard done by and see a great opportunity for projecting their guilt about having been bad parents on to the different agencies, so colluding with their child's anger with the helpers—which of course makes the situation worse for him. The youngster himself, who undoubtedly has experienced parental conflict, believes that he played a large part in creating this conflict, and has some sense of power as a result, often makes his own attempts to keep the different helping agencies apart and in conflict.

In these cases a meeting of all those helping the adolescent may help to create a single common aim and allow him to feel safer and calmer. The success or failure of such a manoeuvre would depend on the inclination of the helping agencies to get together and each of their abilities to grasp the importance of staying together.

This is the fourth of a series of six articles by Dr Perinpanayagam, the first of which appeared in the issue dated 4 February. The remaining two will be published over the next two weeks.

References

- 1 Freud, S, *Complete Psychological Works*, vol XIX, p 49. London, Hogarth Press, 1961.
- 2 Winnicott, D W, in *The Maturation Processes*. London, Hogarth Press, 1965.
- 3 Klein, M, in *Contributions to Psycho-Analysis*, p 278. London, Hogarth Press, 1948.
- 4 Klein, M, in *Contributions to Psycho-Analysis 1921-45*, p 282. London, Hogarth Press, 1948.
- 5 Klein, M, *et al*, in *Developments in Psycho-Analysis*, p 198. London, Hogarth Press, 1952.
- 6 Klein, M, in *Developments in Psycho-Analysis*, p 292. London, Hogarth Press, 1952.
- 7 Bion, W R, *Learning from Experience*. London, Heinemann, 1962.

Letter from . . . Chicago

Cold baths of Hercules

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"O Hercules, how cold your bath is!" cried King Jugurtha on being cast naked into Rome's inhospitable Mamertine Prison—where some of the guards "tore off his clothes by force, and others, while they struggled for his golden earring, with it pulled off the tip of his ear," and where, "for six days struggling with hunger, and to the very last minute desirous of life, he was overtaken by the just reward of his villainies."¹

Yet the times have not changed all that much, and with Illinois's penal population almost doubling in the past few years many of the State's prisons remain very cold—or very hot—filthy, overcrowded, and ridden with vermin and disease. Last

year in Chicago's county jail a young inmate coughed and sweated and expectorated for several months before his ailment was diagnosed, but not before 71% of the inmates living on the same tier developed positive tests for tuberculosis.² Elsewhere in the State the penal institutions are equally overcrowded, with prisoners often having to sleep on the floor, or with three men crammed into one 50 sq ft cell for 20 hours a day. In many jails prisoners must contend with rats, cockroaches, non-functioning lavatories and contaminated food, assaults, gangs, guard brutality, extortion, and homosexual rapes. Several of these institutions were recently characterised in the press as jails unfit for humans and crimes against humanity.

Currently, some 400 000 persons are incarcerated at any one time in America's penal institutions. Of these, about half are serving long-term sentences in some 400 State or Federal penitentiaries, and an equal number are awaiting trial or serving short-term sentences, usually under one year, in some 4000 local jails. Most of the prisoners are poor, 95% are men, and two-thirds are under 30 years old. Blacks account for almost 40% of the penal population, with many shuttling to and fro between

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