

What the Heck!

Emotional Turmoil and Maturation Tasks of Early and Late Adolescence

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In the West adolescence is regarded as a *transitional time* between childhood and adulthood extending way beyond the teen-age years. It offers opportunities for exploration, experimentation and play – a chance to re-engage with the past while consolidating new capacities. And, for questioning assumptions and expanding boundaries. It is accepted that during this prolonged period of identity reappraisal, the adolescent will not have to take on full adult responsibilities. (Clearly, for teenage parents, this is not the case!)

In Anna Freud's words, *adolescence offers a 'second chance' – to rework earlier issues and to find new solutions to old problems* (1981:247). It is the potential for making healthy use of the emotional turmoil of adolescence that underpins this training course.

CONTRADICTIONS OF ADOLESCENCE

- Ideas of 'invincibility' coupled with Panic attacks and lack of confidence
- Social withdrawal yet deep concern re relations
- Silence, need for privacy, sensitivity to external intrusions
- Talkativeness, loud music, barriers to block out internal intrusions
- Confusion, impulsiveness, sadness, resentment
- Self-preoccupation, exquisite sensitivity yet lower attunement to the emotions of others

With puberty, adolescents experience fluctuating moods which is one reason they seem so puzzling to their parents, and others. These include conflicts between exciting daydreams for the future and a sense of loss in having to give up the identity of being a child who is still the parent's responsibility. Progress therefore does not occur in a straight developmental path, but is often marked by the return to old and familiar childish patterns of behaviour, needed by the adolescent to deal with both anxieties related to loss of childhood, and the fantasies accompanying new sexual and aggressive feelings (see Laufer & Laufer, 1984).

Family alliances change and the balance of power shifts as adolescents seek more independence. Paradoxically, as new bodily and mental changes disrupt previous confidence in competing with peers, or succeeding intellectually at school, the young adolescent feels driven back to the need for parental reassurance. Challenged parents may feel bewildered by the contradictions. Unable to provide age appropriate boundaries they either over-intensify their control or abandon regulation altogether, thereby increasing the teenager's withdrawal or defiant rebellion in his/her search for adequate limit-setting coupled with warmth and support.

Typical manifestations of Early Adolescence

- Preoccupations with bodily changes, somatic experience and physical appearance
- Tension between exploring new ways and regressing to old familiar patterns
- Intrusion of infantile processes into more adult behaviours
- Boundary testing and search for control: struggle with parents/authority figures over limits and rules
- Mild antisocial behaviour peaking in mid-adolescence.
- A craving for excitement which may involve relatively benign means such as dance, music, competitive sports or more worrying risk-taking activities.

One specific characteristic of early adolescence is that 'danger' is felt to be located both within - in impulses and fantasies, and without - in the very existence of the love ones of her/his childhood, raising anxieties and a need for to differentiate from them. Endangered adolescents try to remove themselves physically from the parental presence, and emotionally by expressed indifference and/or opposition. At the same time they want their involvement, sometimes secured by arousing concern. The wish to leave home is openly expressed as a desire or threat, sometimes, precipitously acted upon. Conversely, the economic climate is such that many people in their thirties are still living with their parents, unable to afford accommodation elsewhere!

Today teen sexuality is influenced by mass media - Internet, television, music video and sexually explicit lyrics all contribute to adolescents' attitudes and behaviours concerning sexual activity. The average age of menarche has dropped from 16.6 years in 1860, 14.6 in 1920, 13.1 in 1950 12.5 in 1980 to 11.7 in 2010! Earlier puberty, peer pressure and glorification of precocious sexuality affects even preadolescent 'tweenies', lowering the age of first sexual contact in western cultures. *This rapid entry into sexuality short-circuits the slow processes of grieving the loss of childhood, acclimatising to the pubertal body, and contending with internal dangers.*

Late Adolescence:

- Confronting differences and similarities between the sexes and genders
- Issues of power, hierarchy and control within peer groups (or gangs)
- Finding one's own 'voice' and values
- Vacillation between trust in his/her creative capacity and/or the need to prove fertility in concrete ways

Maturational Processes

Adolescence as prolonged learning phase allows for gradual maturation, in terms of fulfilling emotional, intellectual, social and sexual developmental tasks – and achieving a balance between these.

While separated here, these maturational processes are intertwined.

Social Development

- Openness to exploring the wider world (beyond family and school)
- Reassessing external and internal self-other relations
- Gradual disengagement from dependency on parents and elaboration of more complex relations to them
- Learning to control aggressive and sexual impulses
- Moving towards intimate relationships
- Awareness of other perspectives

Emotional Development

- Maturation involves self-reflection as opposed to acting-out
- Achieving a relatively stable sense of self
- Balancing tensions between dependence and the desire for self-sufficiency
- Achieving mindfulness and management of his/her feelings.
- Developing realistic self-esteem, acceptance and integration of mixed feelings and of multiple fluid complementary aspects of 'identity'.

Camaraderie

While differentiating from parents and younger siblings, *the peer group* becomes a mainstay, especially for young people whose sense of identity is less than robust.

Teenagers are estimated to spend nearly eight hours a day talking or texting and communicating with others, of which eight percent is directed at adults. Few teenagers find the internal emotional resources to free themselves from the binding social and gender stereotypes of their peers. Identity is heightened by excelling - at bike stunts, break-dance, skate-boarding, surfing and other forms of physical skills which raise 'street cred' among peers. Engagement in extreme sports or delinquent acts, capitalises on risk-taking propensities, yielding higher status.

Commonly, as each generation of teenagers pulls away from the previous one they indulge in their own form of 'outrageous' shared experience. With extraordinary Flappers, Hippy extravaganzas, black-dyed Goth or flamboyant Punk styled-hair, distinctive clothes, body-piercings and tattoos, coupled with their own new visual art and revolutionary musical forms – all act as a creative challenge to parental culture.

The second growth spurt

Until very recently there was a common belief that the brain stopped developing around age five, but with new techniques, neuroscientific studies at University College London and elsewhere show that similar to the rapid growth in the pre-frontal area during the first two years of life, the brain undergoes a massive wave of developmental changes at the onset of puberty, continuing right through adolescence and into the early twenties and even thirties! The brain is basically adapting to demands of the teen's own particular social environment at these times, with significant reorganisation which helps to develop the intellectual 'machinery' for meeting the demands of their changing world.

The adolescent's *mind* is in a state of upheaval as anxiety-laden issues resurface, revitalising old preoccupations with sexuality, birth, male and female differences, love, aggression, and death, first encountered in toddlerhood. The turmoil is such that previous defences prove inadequate to cope with the rapid alternation of focus between internal and external, upbeat and despondent feelings, and interpenetration of rational and erratic behaviours, and progressive and regressive experiences as thrilling possibilities are plagued by anxieties, and grief about losing the comparative safety of childhood. Because of these changes, adolescence can be a frightening time for young people, who sometimes fear they are going mad.

The fundamental change of puberty

Rapid growth of the brain

Gradual development of the medial prefrontal cortex

[of reason, goal-setting, planning & executive function]

but also, reversion to 'primitive' brain areas (amygdala), inducing reactivity & impulsive decision making.

New brain imaging technologies [MRI & PET scans] show continued brain growth throughout childhood & well **into late adolescence**, after which 1/2 of new fibres are pruned to create a more efficient network of circuits.

This lies in the reality of fecundity (sexuality and power).

With menarche specific body issues predominate, associated with a female sense of fertility, sexual vulnerability and periodic cycles. A girl is forced to reappraise her body-image. Familiar corporeal identity is disrupted by the disconcerting 'otherness' of the changing body. Physical appearance becomes a central measure of selfhood, dominated by hormonal swings which affect her complexion, girth and mood. She sprouts breasts, pubic and underarm hair; her sweat smells different; the unknown

interior of her reproductive body forces itself into her awareness, making its presence felt in aches, secretions and menstrual blood streams. The bodily enclosure, its monthly fluctuations and leakages, and ultimate restrictions of a 'biological clock' must become owned and incorporated as part of a changing female identity (or is otherwise repudiated through anorexia, hysterical symptoms, cutting and other disorders which attack the newly fertile body).

Similarly, for a teenage boy. The experience of uncontrollable bodily emissions, embarrassing erections and sexual impulses need to be accepted, owned and managed. Male embodiment involves embracing a 'grown up' physique, with mental mastery over erotic fantasies and the physical strength to do damage. However, vivid daydreams can feel out of control, blurring boundaries between imagination and the world of reality, as if thoughts and fantasies will be expressed in action.

Physiological changes

- *Body*: New capacities – new physical strength, changing body shape and signs of virility/fecundity (menstruation and emissions).
- *Brain*: Gradual development of the medial prefrontal cortex [of reason, planning and executive function] but also, reversion to more 'primitive' brain areas which induces reactivity and impulsive decision making

Hormones: kicking in with puberty result in

- Difficulty in concentrating/ emotional hypersensitivity
- Altered sleep patterns – teens need up to 12 hours of sleep, beginning late at night until noon (some secondary schools now begin later to accommodate the teen's changed body clock)
- Altered appetite patterns – growth is very rapid. 80 percent of growth hormone is released during sleep and on awakening, like a young baby, the teen is very hungry.
- Difficulty in affect-regulation and self-soothing
- Many teenagers experiment with smoking, alcohol and illegal drugs although few use them regularly.
- Experimentation among friends is less worrying than when alone.

Note: The Royal College of Psychiatrists notes that while Cannabis was previously believed to be relatively harmless, there is now good evidence that what is currently available is stronger and can intensify mental health problems during adolescence, doubling the risk of developing schizophrenia.

Intellectual Development

- Search for meaning
- Self-discipline and beginning to consolidate work patterns
- Taking responsibility for his/her thoughts, actions and beliefs
- Assessing prospects and making realistic plans for the future
- Establishing interests, acquiring adult skills and knowledge
- Becoming aware of the consequences of decisions

Subjectivisation

The idea of becoming an adult and a 'subject' involves *agency* – appropriation of one's own (sexed) body while disengaging from parental care. This usually means shifting the power structures, and part of the storm-and-stress complexity of a young

person's mission lies in its *contradictory nature* — the dual task of both separating from the parents while maintaining identifications with them.

Ironically, in their struggle to achieve 'independence', some adolescents may feel that they are being abandoned by the family. Disappointment in the parents is accompanied by a sense of loss, loneliness and disillusionment (Blos, 1976). This can be mitigated by use of surrogate mentors and extra-familial authority figures as role-models, such as teachers, pop-singers or celebrities.

The sexual task is complex too. Anxieties proliferate, about bodily permeability, danger to the interior, damage, abnormality and ownership over accessibility. Crucial differences and universal similarities between the sexes and sexualities re endlessly debated. As in toddlerhood, in adolescence incestuous desires and aggressive impulses must be renounced once more but now, precisely because such fantasies have become *realisable*.

Sexual Development

- Achieving a coherent body image and sense of sexual identity
- Becoming aware of sex as an intimate encounter (rather than a physical activity)
- Self-respect and responsibility for sexual body

Combining imagination and bodily activity most teenagers utilise masturbation as 'trial action'. In health, *sexual experimentation* (another form of play) takes precedence over uncontrollable acts such as promiscuity, compulsive theft, self-harm or neglect of the body. However, when body ownership fails, hatred of the sexual body and its enticing forbidden desires may be enacted in suicidal attempts, risk taking behaviours and addictions, including gambling, alcohol and substance abuse, and violence (see Ladame & Perret-Catipovic, 1998).

Unconsciously some of the confusion of adolescence lies in an internal conflict between the wish to cling on to the past safety of being a child, with a child's body for which the mother is responsible, and the depression and self hatred for these longings, vying with urgent excitement accompanying the feeling of possessing a body that is sexually alive, ripe for new experiences. The new body image necessitates relinquishing a fantasy of idealised perfection of the pre-pubertal body, incorporating one's own sexually functioning penis or clitoris/vagina/ovaries and, in and preparing for a heretosexual partner, representations of the genitals of the opposite sex (Laufer & Laufer, 1984).

Sexual Issues:

Although more than half of young people in the UK will have had their first experience of sex before the age of 16, the significant risk of sexually transmitted infections (STI) or pregnancy may not register in the average adolescent's consciousness, especially when having sex. Ignorance or casual use of contraception is not the only problem. Despite awareness of the dangers, unprotected sex is justified by reluctance to 'spoil the mood', or an invincible sense of 'it won't happen to me'. Ironically, peer pressure to engage in underage sex may be fuelled by bravado and false bragging by school friends about sexual experiences. Others are driven to promiscuity by preconscious yearnings to be popular, loved and needed.

There are inconsistencies in research which highlight various social sub groups as disproportionately represented in high-risk groups for teenage conception, pregnancy, and STI. As noted, we must treat generalisations with caution as social stereotypes may cloud our awareness of the many individual differences within groups as well as cultural factors are involved. For instance, particular ethnic minorities may include refugees from dangerous situations.

In contrast to previous research, a recent London study showed that although black British and Caribbean young men report earlier sexual activity, they are at least as responsible about contraception as other groups. Furthermore, the same findings may have different implications. In Hackney, amongst black African young people, perception of parental disapproval was associated with *increased* risk of unprotected sex. By contrast, parental condemnation influenced young men and women from Bangladeshi, Pakistani and Indian ethnicities to start sexual activity later - but their use of contraception was no different from white British teenagers. (<http://www.education.gov.uk/research/data/uploadfiles/rw42b.pdf>)

The implications are that all young people irrespective of ethnic origins, require sexual health services and practitioners to be sensitive and receptive to their own personal needs.

Regeneration of Gender and Generativity Issues in Adolescence:

In keeping with Freud's early work on psychic aspects of sexuality, today we accept that rather than a direct expression of the female or male biological body or chromosomal status at birth, gender resides in a set of subjective beliefs—*how the mind perceives the body*. The potential fluidity of gender identity contrasts with the factual fixity of anatomical sex. We now recognise that gender formation is *a lifelong process*. Seen to emerge dialectically through primary relationships, intra-psychic, bodily and sociocultural experience gender manifests differently according to context and undergoes revisions at life's nodal points. Transitional crises, including adolescence, pregnancy, infertility diagnosis, menopause, etc., reawaken early anxieties to be reworked while significant meanings of gender and generativity are reinterpreted.

Reappraisal of Gender

Far from fixed, gender formation is seen as a lifelong process emerging dialectically through interaction in primary relationships, intra-psychic representations of somatic impressions and sociocultural experience. We therefore make a distinction between SEX – reflecting chromosomal status at birth. And GENDER - a self-categorising psycho-social construct. *The experience of sexed subjectivity is dependent on psychic meanings rather than anatomy.*

Gender Identity During adolescence, gender is re-evaluated by the young person who may feel the need for experimentation before allowing a sense of gender identity to consolidate. Gender identity is based on early identifications and internalised potentialities. It begins to be consolidated in toddlerhood, when gender identification with aspects of significant people peak, heightened by *Oedipal conflicts*. These fantasies about sole possession of one parent and elimination of all rivals have to be relinquished in favour of finding a mate of one's own someday outside of the family. It is a highly personalised construct of varying constituents which may be disjunctive, and change in salience and centrality at different life phases and in different contexts. In adolescence, these four constituents of gender are re-evaluated in the light of the new reality of actual potency. Virility inserts a boy as a potential link in the genealogical chain, as does menstruation for the girl.

Components of gender identity

1. **Sexual Embodiment** - gradual acquisition of a sense of maleness/femaleness
2. **Gender Representation** – of a masculine or feminine self-concept and psycho-social expectations of appearance and performance of roles and activities
3. **Erotic desire** – revisions of hetero/homo attraction, including fantasies which may or may not be enacted in sexual activity and peer-defined expectations about the permissible articulations of erotic desire to love and be loved by a member of one's own or the other sex.
4. **Generative Identity** - self representation as a potential procreator (and/or creator) which may compel its expression through actual reproduction (Raphael-Leff, 2007)

Retrospective revision of childhood gender expectations, appetites, identifications, feelings of 'omnipotence' and oedipal fantasies binds the adolescent to another round of anxiety provoking, conflictual reappraisal of sexual desires, gender and generation issues, generativity and finitude. *The propensity of young people to enact what cannot be symbolised may lead to the bravado of teenage fatherhood and motherhood as a means of by passing the emotional work of adolescence!*

Emotional Disturbances in Teens

It is important to note that there is a *spectrum of distress*, between normality and severe disorders. We all experience various degrees of disturbance at various times in our lives, particularly under conditions of stress which mobilise deep anxieties, and intimate relations of contagious arousal.

Adolescence is by definition, a state of turmoil, and four out of ten adolescents experience mild depression. However, recent research suggests that more severe emotional disorders in adolescence often go unrecognised, even by concerned family and friends. At some time during their adolescence, more than one in five teenagers feel that life does not seem worth living! Because of impulsivity in adolescents, risk-assessment is essential as suicide is a possibility.

Others dread the idea of growing up and hate their body changes which have catapulted them out of the security of childhood. In their fury and despair they attack the body which has betrayed them, as well as the body mother gave them, at times even succeeding in stopping the processes of puberty, through anorexia. Others loathe and punish themselves. It is estimated that one in five girls aged 10-18 self-harm in secret, using razor blades to cut their arms or thighs or matches to burn themselves. Below are some signs which can help practitioners identify distress.

Some Common Signs of Emotional Problems in Adolescents:

- over-eating, or strict dieting, anorexia, bulimia
- excessive daydreams, sleepiness and disturbed sleep patterns
- a persistent over-concern with appearance
- cutting, burning, hair extracting or other forms of self-harm
- severely fluctuating moods
- prolonged periods of rage
- severe anxiety with panic attacks or phobias
- incapacitating obsessional rituals and defences. .

Also see: www.rcpsych.ac.uk/mentalhealthinfoforall/youngpeople/adolescence.aspx

Gender Differences in Developmental Disturbance:

One way of identifying disturbance is to see it in terms of *failed social regulation of sexuality or aggression*. This may lead to **uncontrollable acts** (excessive daydreaming, vandalism, compulsive theft, eating disorders, violence or suicidal attempts) and/or **risk-taking behaviours or addictions** (gambling, alcohol, substance abuse and promiscuity).

In cases of failed body ownership, hatred of the sexual body or its enticing forbidden desires is enacted in self-harming attacks, self-neglect or compulsive sexual and other bodily activities reflecting unconscious fantasies (such as a search for authenticity, described above).

In many cases adolescent girls tend towards '**internalising**' (including secrecy, withdrawal, depression, anxiety and somatic problems) and boys towards **externalising** behaviours (anti-social behaviour, vandalism and aggression).

Gender differences may be linked to the fact that most primary caregivers are female. The same-sex aspect of girls and their mothers/carers may account for

greater female sensitivity to the social environment and much higher rate of *somatised* bodily expressions of unbearable feelings. As we have noted, the early carer's misperceptions, disapproval, demands or rejection during the child's early use of her mind, are retained as procedural rather than cognitive memories. These are expressed psychosomatically. Maternal shame and/or anxious fantasies about her own feminine corporeality may have been projected onto her baby daughter's body to be unconsciously absorbed by her, which increases the difficulty in differentiating and possessing the changing pubertal body-image – a girl's attacks on her own body may be disguised attacks on her mother.

Importantly, psychic representations of femininity and female sexuality are not merely 'all in the mind' but can impact directly on physical development. Adolescent girls, who resist growing up may actively deny their move to adulthood by becoming amenorrhic or anorexic, thereby avoiding the secondary characteristics of a fertile female body, such as breasts and menstruation. Conversely, a precocious desire to usurp the mother may result in premature pregnancy.

Others become addicted to NSSI (Non-Suicidal Self-Injury) – self-harming compulsively from a very young age, not a state of depression but as a search for authenticity – getting to what lies 'under the skin'. Some seek the sense of control. Others get a 'rush' from seeing the skin rip or their blood drip. Yet others cause themselves physical pain to blot out psychic pain, or to feel 'real', get relief from anger or find out who they are. Sadly, despite these poignant feelings, and scars, their secrecy is such that the disturbance may not be obvious to others.

See <http://self-injury.net/resources/articles/general/why-are-so-many-teenage-girls-cutting-themselves>

Message:

Adolescence offers a 'second chance' to

- rework past conflicts & emotional deficits;
- process challenges & find new solutions
- achieve healthy authenticity in the present.

Troubled teens should be referred to specialist adolescent psychotherapists for more intensive work.

Joan Raphael-Leff Books: Available by post from karnac.org.uk [Karnac publishers – look on the internet for their catalogue]

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