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UNDERSTANDING AND TREATING ADOLESCENT VULNERABILITY: A DEVELOPMENTAL PERSPECTIVE

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ABSTRACT: A minority of adolescents has difficulty negotiating the quest for identity and self-worth and thus experience depression, substance abuse, conduct disorders, and suicidal behavior. This paper focuses on the intervention with this vulnerable population. The clinical illustration shows the importance of a therapeutic relationship with a balance of warmth and neutrality in order to build strength and a sense of identity and worth.

Key words: therapeutic relationship, vulnerable adolescent, identity and self-esteem building

INTRODUCTION

This paper is about the lifetime challenge of finding out who you are and what you are worth in your own eyes. This endeavor starts at birth and is particularly prevalent in adolescence. Building stones are self-confidence and self-esteem fostered by a caring and structuring environment. Not all children meet optimal conditions to ease their way into becoming a person who knows who she is and loves herself and others. Adverse conditions can create vulnerability that hinders the identification process. Some of these conditions are inherent to the person such as temperament, physical or intellectual limitations, and other conditions are due to the environment such as lack of secure attachment, parental neglect, abuse, ill mental health, social isolation (Rutter, 2002).

Child and youth care professionals meet the challenge to help these children hurt by life get back on the track of the normal challenges of their development, and the latter part of the paper discusses the paramount importance of the therapeutic relationship, the basic ingredient of good child and youth care.

Before I tell you about the normal challenges of the adolescent development, let me introduce sixteen year-old Melanie:

Melanie

Picture this: Dark coloured ripped clothes, multiple piercings on ears and brow, and a backpack with the names of heavy metal groups (such as Marilyn Manson) written all over it and a few furry cuddly animals hanging from it. While showing this tough exterior more masculine than feminine, including swearing a lot, Melanie would be totally devastated and feeling excluded when a friend would not follow up on a promise. Melanie showed many symptoms of high anxiety and depression. She was frantically busy in her life, most likely to ward off her low feelings. She didn't fit criteria for a manic depressive disorder.

This parentified child was always struggling between maintaining the semblance of autonomy (pseudo-autonomy) and her strong dependency needs. She showed high preoccupation with social inclusion and exclusion. Paradoxically, Melanie could show the greatest sensitivity and empathy to the feelings of others, while at the same time displaying tremendous egocentric concentration on the narcissistic injury caused by a friend's words or actions that felt like betrayal. More than average smart and with definite interpersonal skills, she would get caught up in her emotions and more often than not act impulsively, including through physical aggression. Melanie showed this fundamental preoccupation with being acknowledged in her own right with her legitimate needs and her need to assert her identity.

In terms of family history, she was an only child and all of her life has been going back and forth between her grandmother, her mother, and occasional placement, but with continuous involvement of child protective services. Her father was always kept at a distance by the mother and then distanced himself by moving abroad. Hence, her profound distrust of adults and tremendous worry when a positive relationship would develop.

Later on in the presentation, elements of Melanie's development and pattern of behavior will be used to illustrated the particular challenges vulnerable adolescents like her face when trying to tackle the tasks of normal adolescent development.

In the next section, the challenges are illustrated that all adolescents face in their quest for identity and self-worth. Studies from the mid 1990s show that the great majority of adolescents manages to complete their developmental tasks successfully (Cloutier, 1994), and there is no reason to believe that that has changed in the last ten years.

What exactly do adolescents have to accomplish?

In simple words it is about finding out who you are, what you want to become, what you want to accomplish, and finding a clear distinction between self and others. Without these features it is more difficult to find a clear place in the world and to relate to others in a harmonious way.

Psychologists have thought about this and coined these features in terms of processes presented in the following section.

1. The integration of bodily changes into a new body image
2. Revision of old defense mechanisms
3. Second round of the separation-individuation process
4. Changing patterns of interaction with family and social circle

1. The integration of bodily changes into a new body image

The body image is part of one's identity. Puberty brings rapid and fundamental bodily changes that require major psychological adaptation (Samy, 1990; Hanus, 1995). With Puberty childhood ends, and sexuality moves closer to adult levels. The bodily changes that occur at puberty are irreversible and are hard to accept for a minority of adolescents. These adolescents make tremendous ef-

forts to deny their bodily transformations. One example is the adolescent girl who tries to rid herself through anorexia of her feminine shape and even her period. Suicidal behavior can be conceptualized as attacks against the sexualized body and expresses the extreme difficulty of adaptation to the inevitable pubertal transformation (Laufer, 1989).

With adolescence, boys and girls become more aware of the social impact of their bodies and have stronger subjective reactions to their own and others' body images. Each individual is preoccupied with an idealized body image (how tall, how much weight, etc.), and a deviation from this ideal can become a narcissistic attack. The more fragile the self-esteem, the more impact these preoccupations with one's body image will have. Of course, societal influences through the media and the star system will have an impact on even the healthiest adolescent!

2. Revision of old defense mechanisms

All children deal with intrapsychic conflicts and develop over the years a fairly stable personality structure made up of certain defense mechanisms. The function of these mechanisms are essentially to contain conflicting impulses of a libidinal or an aggressive nature.

Adolescents are faced with new intrapsychic conflicts regarding aggressive impulses with the growing assertion of one's difference and autonomy in one's family of origin. Furthermore, the sexual impulses are far more present and require integration in one's view of self and others.

Some of the adjustment to the changed reality of the body can entail regression to earlier stages of psychosexual development. For instance, a child that developed healthy eating habits can turn into an over- or under-eating adolescent because of his trouble integrating his sexual impulses. The bodily changes bring sexuality to the centre. At puberty, perceptions of sexuality are still immature, and the adolescent has to review his relationships with the other sex. For instance, a longstanding friendship between a boy and a girl can suddenly become tense and ambiguous and even be interrupted, because one or both of the friends have strong sexual feelings that they do not really know what to do with. In same sex friendship tension might stem from the change of preoccupation of one of the friends leading to a feeling of strangeness on the one hand, but the tension could also stem from mutual or unilateral sexual attraction.

The adolescent has to review his ideal of self, where former ideals and new values come into conflict. These conflicts may bring the risk of disillusionment, deidealization, and confusion. For instance the boy who always treated girls as a social category without interest, suddenly is faced with a heightened interest in girls, which brings bodily and emotional arousal. Another example would be the well behaved girl that suddenly finds herself distracted from her schoolwork or other interests by her bodily and emotional reactions to the presence of boys.

3. Second round of the separation-individuation process

Beyond the psychosexual development covered in the previous two points, the adolescent has to tackle two other developmental tasks: (a) Develop one's own identity and autonomy, (b) Establish and maintain intimate relationships outside of one's family of origin.

a. Develop one's own identity and autonomy.

This first task is about who we are and how we are different from others and how we develop our own judgment. Developing an autonomous identity requires a delicate balance between independency and dependency. Differentiating self from others also brings the issue of self-esteem and how good one feels in one's skin. For many adolescents this quest for identity brings a fair degree of anxiety and confusion, and a heightened sensitivity and vulnerability related to one's image of self.

The process of separation-individuation starts at birth, and in the first three years of life most children learn to successfully function quite safely outside of their immediate family. Further, they learn that a relative distance from their parents is no threat to their relationship with them. For some children, even the possibility of separation remains a major source of insecurity and anxiety. The relative success of separation-individuation is an intrapsychic process, which is largely influenced by the parents' capacity to tolerate their children's individuation. Hence, parental anxiety regarding separation and the relative autonomy of their child can lead parents to maintain the child in a fused or extremely dependent state. This parental anxiety mostly stems from their own unresolved separation-individuation process.

Adolescence brings the next phase of the individuation-separation. The autonomy is taken one step further and involves the loss of the infantile ties to the parents. Depending on how successfully autonomous he became in the first phase, the adolescent might be more or less ready for a further separation from his family. He might feel more isolated and empty, guilty to distance himself from his parents or panicked because of the distance he feels from them (Shelly et al., 2004).

Suicidal behavior can express, on the one hand and paradoxically, a desire of fusion to end the distance and separation, or on the other hand, a desire of distance and to take ownership of one's life even if it has to be destroyed to meet the end. Suicidal behavior might be associated with anger with the parents for a distance that felt as abandonment or with punishing one's self for abandoning the parents.

b. Establish and maintain intimate relationships outside of one's family of origin.

The second developmental task the adolescent has to pursue is to support his distancing from the family by finding and maintaining new relationships outside of the family that provide affection and love. This is found with

friends and requires a new type of relationship with the other sex. All of this can lead to loyalty conflicts as well as difficulties to give a harmonious direction to one's loving feelings and sexual energy. Fear of rejection and anxieties regarding this unknown intimacy can put a damper on reaching out.

The physical or symbolic separation from loved ones (e.g., parents) brings on a mourning process. This process entails anger and rage towards the loved person. Adolescents who have not learned to successfully integrate their ambivalent feelings (such as the simultaneous presence of love and hate) towards loved ones have particular difficulties with these aggressive feelings that are part of the mourning process and might tend to direct these feelings towards themselves (Samy, 1990). These adolescents will tend to split off their "good" loving feelings from their "bad" hating feelings. The first phase of the integration process of ambivalent feelings takes place in early childhood, and the process is rekindled by the loss inherent to the separation-individuation process and the fear of losing the very person one wants to get closer with.

The integration of the ambivalence has to do with giving up on the total control of loved ones and a more realistic acceptance of the strengths and limitations of both self and others, as well as the realistic boundaries that exist in one's relationship with others.

The challenge for the adolescent lies in a revision of the idealized image of his parents and starting to see them as human beings with their strengths and flaws. Accepting this reality can be painful and accompanied with feelings of helplessness or even a diminished self-esteem. The loss of one's ideals can bring a sense of emptiness and a difficulty to see any sense to life. This loss of sense and the suffering that it brings can lead a preoccupation with death as the ultimate solution. This morbid direction can become even more present in adolescents who have not been successful in their efforts to get closer to others outside of the family.

4. Changing patterns of interaction with family and social circle

The preceding factors happen internally but do not evolve in a social vacuum. Just as their adolescent changes, parents are going through an adaptation as well. The separation-individuation of their child confronts them with their more or less successful process with their own parents. Child and youth care workers will get confronted as well with their personal experience with their parents while accompanying a youth in his separation-individuation.

Therefore, the success of the adaptation of the adolescent to his new life phase will be helped tremendously by the parents' or caregivers' capacity to accompany him. The relational climate of a family (or of an institution) can be more or less favorable to the development of autonomy, identity, the expression of feelings, both positive and negative, or be more or less tolerant of the necessary distance that comes with the normal adolescent development.

The literature (e.g., Farberow, 1985) underlines how a harmonious develop-

ment is hindered by the presence in a family of violence, alcoholism, or other substance abuse, or mental illness. On the positive side, nourishing interpersonal relationships within the family allows a better chance of developing secure attachments to parental figures (Lesage, 1994). Favorable social situations are identified as protective factors against such mental disorders as depression (see Brown and Harris, 1989; McGuffin et al., 1991; Cyrulnik, 1999; Rutter, 1987, 2002; Luthar, 2003).

Parents or caregivers play a crucial role in the integration of ambivalent feelings by helping the child or youth to acknowledge and express his aggressive feelings. Allowing this acknowledgement and expression reduces the risk that the child directs these feelings against himself in the shape of self-destructive thoughts or acts.

Donald Winnicott (1970), the well known British psychoanalyst and pediatrician, insists on how important a family climate is wherein members are enabled to love and hate one another safely without fear of destroying relationships or suffer from retaliation.

Hence, a child will develop a fear of his own anger and its expression when growing up with parents who are unable to express their anger or parents that exert no control over their aggression and act it out impulsively. The child's intrapsychic organization is highly influenced by his parents' mental balance and his family's degree of disorganization or organization. Social disorganization is highly correlated with suicidal behavior (Durkheim, 1960; Farberow, 1985; Brent, 1995). Social disorganization is characterized by unfavorable conditions such as promiscuity, bad housing conditions, criminality, excessive poverty, substance abuse, social isolation, and instability (see for a clinical illustration, Maas, 2004).

Social isolation is associated with such factors as divorce and unemployment. An adolescent having grown up in a disorganized and isolated family will more likely not have developed affective communication skills or even effective communication skills with the other members of his family because members in the family do not talk to each other. In these circumstances it is hard to acquire the necessary social skills to succeed in building new relationships outside of the family.

Worse even, deficient interpersonal relationships in the family do not allow the adolescent to obtain the emotional support necessary to get through the hardships of temporary interruptions (such as fights, misunderstandings, etc.) as well of the definite interruptions (e.g., break-ups, moves, etc.) of his new relationships with his peers.

With this lack of social support or when the interpersonal relationships are present but toxic, the adolescent is more likely to face severe discouragement, leading even to suicidal ideation (Everall et al., 2005).

This paper has illustrated the normal challenges of adolescence with the promoting as well as the hindering variables. Some of the difficulties that adolescents have in working towards a clear sense of identity translate into temporary adjustment problems (depressive moods, withdrawal, acting out through

aggression or substance use, and risk taking behaviors) and sometimes into more chronic patterns (impulsiveness, conduct disorders, depression, chronic anxiety, substance abuse, or a coexistence of diagnoses also referred to as co-morbidity).

The early example (or story) of Melanie shows how her particular vulnerability caused her grief in working through the challenges of adolescence.

5. Melanie's struggle towards a harmonious identity

a. The integration of bodily changes into a new body image.

Despite her apparent self-assurance, Melanie didn't find herself attractive and had concealed her femininity in a masculine exterior, in dress and attitude. Her anxiety translated in such symptoms as insomnia and extreme itching of her skin that felt to her as if she was covered by many insects. Melanie had very little sexual experience and had become very apt at steering away of any situations that could entail a heightened physical intimacy. Though not socially shy, she didn't know what to do with her sexual feelings regarding boys. Only when this was discussed and put in the context of her necessary developmental changes, and when the practice of some relaxation techniques helped her gain some control of her bodily sensations, she was able to be less anxious about her different rapport with boys.

b. Revision of old defense mechanisms.

Melanie had lived her whole life with a constant preoccupation and fear of abandonment and rejection. She defended herself against that through aggressive behavior, pushing people away, sometimes before they could even be considered close. It was as if she tried to have others feel how she had felt: always uncertain about her mother's constancy in place and mood. Though capable of friendly interaction, she could become overwhelmed by these feelings of anxious powerlessness when feeling dependent on others and fearing she would be left and excluded. She was extremely sensitive to criticism, but on the other hand could herself be outrageously mean with others.

As a child she had been more withdrawn and shy, avoiding social relationships. Adolescence brought her to become more assertive socially, which was accompanied by a rekindled fear of rejection. She would go far in alienating her family (particularly her grandmother) and thus would find herself without any support when she went through a crisis with one of her friends.

c. Second round of the separation-individuation process.

Melanie still needed to be reassured about the constancy of her primary caregiver(s). Although her grandmother had filled in when her mother was not capable of taking care of Melanie, the grandmother had not developed into a secure attachment figure for Melanie. So moving out of the family circle brought a lot of anxiety and counter phobic behavior. She would engage in

more separation than she could really handle: She stayed out late, even staying out all night with friends. These behaviors would cause reactions of distancing and ultimately placement.

In her treatment she needed to be acknowledged in her need for affection and consideration and how she feared to be controlled by the person she relied on, and how this would lead to ambivalent feelings towards the people in her inner circle (family as well as friends). She needed to be reminded how she had such strengths as intelligence, kindness, generosity and humor. Along the same lines, she needed help to become more tolerant of her weaknesses, such as her impulsiveness and her verbal lashing out at people without previous thought. She needed to understand that all of her emotional reactions and the expressions of her impulses all translated efforts to assert her identity, to construct her self-esteem, and to establish friendship and love relationships based on mutual respect of difference and independence.

d. Changing patterns of interaction with family and social circle.

Finding a balance between time spent with her friends and with her family without feeling guilty or fear that her decisions might create distance and even breakup became a major challenge for Melanie. In her case, she had to attend to her mother as well as her grandmother, which complicated things even more. Another complicating factor was her wish and need to get closer to her father and her mother's refusal for this rapprochement to happen. Her mother stood in the way of Melanie's obtaining a passport required for her to travel to see her father. This struggle with her mother for access to her father brought a relative idealization of her father and did not permit her to acknowledge her ambivalent feelings towards her father because of his lack of commitment. Here Melanie was caught between her general and normal developmental task of taking distance of her family and her unfulfilled needs of closeness with her father. Helping her acknowledge this need allowed her to express her disappointment with her father and to see her relationship with him in a more realistic light.

The relationships with a male educator and a male psychologist were also helpful in her quest for a paternal presence in her life.

The adults in her life were not all supportive when she had difficulties in her relationships with peers, so she had to pick carefully with whom to talk. On the family side it was her grandmother who remained the most stable and most supportive figure, but Melanie remained distrustful of adults and become better at seeking out more reliable peers. Although she continued to present as quite mature and adequate, she needed and halfheartedly accepted the guidance of the youth care workers.

6. The therapeutic relationship: the challenge for child and youth care professionals

Child development takes place over time, and each phase of development requires of the child's caretaker an understanding of the particularities of the

developmental phase at hand more importantly, how to adjust his way of approaching, intervening, guiding, talking, and listening. Natural caregivers and professional caregivers are confronted at any given stage of development with the hardships and the pleasures it brings, for the child but also for them, given their personal history with this stage of development. Despite intellectual knowledge of child development, the affective personal history of the professional and natural caregiver will color his perceptions and behavior in the interactions with children and youth. The use of one's self as a working tool takes its full meaning here and requires self-knowledge in terms of strengths and weaknesses due to temperament, intellectual capacity, and personal history. This includes personality development and family and social environment. Empathy is an important aspect of child and youth care work, and it requires, despite difficult circumstances, for one to remain aware of where the youth comes from and what his vantage point is. The heat of the action, and there is a lot of that in working with vulnerable youth, brings the challenge of finding the right balance between conserving one's self, by understanding and controlling one's affect, and remaining open to hear and contain the pain and agony that is expressed. This is true even in vile attacks by the youth's struggling with the particular hurdles that make the normal developmental tasks of adolescence seem like mountains impossible to climb. The challenge is to build a strong enough relationship between youth and caretaker that can withstand ulterior crises. In general, assisting vulnerable children and youth is a very demanding task and requires working together from different disciplinary vantage points. These youth tend to split their world in good and bad, and they might perceive the professionals around him in the same fashion. Individual professionals can overidentify with the child's "good"side and take position against others, just as the opposite might occur when professionals only see the"bad destructive"side of the youth and invoke the need to protect one's self and the society against the youth. Treatment teams then become the stage on which the child's inner reality and inner conflicts get played out in terms of conflict between individuals or between professionals.

How can the professional allow trust and a certain commitment to the therapeutic alliance to build (according to Shea, 2005) the following:

a. An efficient transmission of empathy

b. An aptitude to create a security inducing climate

c. An authenticity and naturalness

d. A capacity to show reassuring competency

e. A capacity to assess the therapeutic alliance

An efficient transmission of empathy

In order to be able to show empathy, careful inquiring is required about the youth's reality. Respect of the emotional intimacy of the youth is at the basis of any good empathic formulation. There is a difference between saying "you are totally

devastated since your mother told everyone in court that she couldn't ever take you back home" or a less intrusive statement, "After hearing what your mother said in court, it must feel that she destroyed all you had going together." The issue is also to acknowledge the possibility of experiencing certain emotions without the youth's feeling that they are being imposed on him. Formulations can be better accepted that suggest "could it be that," instead of affirm "You must be."

An aptitude to create a security inducing climate

This is often done by allowing the youth to go at his pace, by asking questions, and letting the youth know that he can answer to the extent of his current trust of the professional. Safety has been an issue for most of the vulnerable youth. They must be reassured that whatever is said will not be held against them, just as indicating that his safety and the safety of others are paramount. Thus the professional will act on statements about the intent to harm self or others. Both the negative (anger, sadness) and the positive emotions should be acknowledged and received with the same welcoming message, while acknowledging the fear and worry that these feelings might bring. For instance, the fear of being able to control destructive feelings or the worry of what might happen once one expresses caring for someone: Will this lead to another rejection or breakup?

An authenticity and naturalness

With time any professional learns to integrate his own way of being in a skillful and authentic fashion, for instance, in the way he asks questions. This contributes to the youth's feeling comfortable and being reassured by the competency of the person in front of him. Being authentic is also being true to one's own feelings, paying attention to feelings of fear or sadness that might all be indications of the youth's fright and depressed affect that he cannot express. Feedback to the youth on the impact of his demeanor can be very helpful, but one has to be very clear about one's intentions: e.g., is there a hidden message of punishment for his anger or a message that excuses his behavior because he is a victim of his environment?

Humor is often helpful to show how life's suffering cannot be avoided, but how shared misery is sometimes less than half a misery.

A capacity to show reassuring competency

Reassuring competency will show in the capacity one has of acknowledging the youth's experience and situate it in the context of his general development. This educates the youth about the tasks all adolescents have to accomplish in their own way. It is also about educating the youth about anger management and social skills, and providing practice while building on existing strengths.

A capacity to assess the therapeutic alliance

Vulnerable youth will be sensitive regarding interruptions, perceived side taking, betrayal of confidentiality, and thus of trust. They need regular reminders of the "rules" of the therapeutic relationship and how it fits within a larger therapeutic

endeavor with other professionals. One can sometimes expect more from the work than is realistic. Regular talk with others, either through formal supervision or more informal peer support about one's work, helps to remain realistic, but it can also be a support in dealing with the setbacks, the disappointments, and the lack of concrete feedback about the work done. Sometimes, one finds out by fluke only about how the youth he helped years ago has turned out, for the better or for the worst.

CONCLUSION

Difficulties that adolescents go through always have to be understood against the background of normal adolescent development. Certain disadvantageous conditions bring more difficulty in dealing with the tasks of normal adolescent development. Assisting youth in their difficulties requires the optimum use of the therapeutic relationship and its containment. A mix of human warmth and caring neutrality helps the youth focus on his issues and build on his strengths to develop his own identity and sense of self-worth.

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