

# Prologue

## Understanding Adolescence

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### Introduction

This chapter will discuss three main questions: What is adolescence all about? How may it go wrong? And what can we do to put it right if it does? But first we need to address a deeper issue: is adolescence a universal concept or is it so dependent on the surrounding context that it ceases to have any validity?

### Does Adolescence Exist?

Historically, can there have been such a thing as adolescence when young boys were sent up chimneys, girls were having babies and life was brutish and brief? Culturally, is there room for adolescence when children of a certain age are subjected to initiation rights and are expected to emerge as fully fledged adults on the other side? Is adolescence possible only where young people remain in school or higher education long enough for idle self-absorption? What happens to adolescence in austerity, when young people are obliged to remain as children in the parental home long after they might have found their feet in better times? Can adolescence be said to have been invented by the media and by commercial industries seeking to make money out of young people's wish to follow peer-group fashion? And is adolescence the politicians' last opportunity to exploit an age group without giving them the vote to express what they feel about it?

In other words, is adolescence a relatively modern, Western and artificial construct about which there is very little academic study until the late nineteenth century (Demos and Demos, 1969)? Or is there something universal about a stage of development that may be unique to human animals and which we all experience whatever the context in which we live? The answer, we would contend, is a mixture of both those views. Yes, there is something so specific about adolescence that it has engaged the attention of writers and philosophers from Plato 2500 years ago to the current explosion of coming-of-age novels and films.

And this has been so, whether or not the word itself has been in common usage, whether academics have deemed it worthy of study and whether practitioners have felt it necessary to provide specific facilities for adolescents or crammed them onto the paediatric or the adult ward with equal embarrassment. But the surface reflections of adolescence will change from time to time and culture to culture as young people themselves come to terms with it in their particular surroundings.

It is a mistake to assume that adults are in charge of the maturation process. Young people everywhere are 'constructing their own adolescence' (Coleman, 2011). They will find their own way of expressing what is happening to them, whether their development is on the right or the wrong track and however difficult the adults around them seem to make it. And the adults, in their turn, will react with pride or consternation. As Shakespeare's Old Shepherd put it, there are times when we might wish that children went straight to adulthood after all 'or that youth would sleep out the rest; for there is nothing in the between but getting wenches with child, wronging the ancientry, stealing, fighting' (*A Winter's Tale* III. iii. 58). A little harsh, perhaps, but many adults would share the feeling!

### Question 1: What's It All About?

Addressing this question could occupy the entire book and still not result in an answer that would satisfy everyone. So let's settle for a few key issues.

### Schools of Thought: Rival Perspectives

There are many different schools of thought about adolescence, as there are indeed about all human development – physical, cognitive, psychological, social, spiritual and many more. All of us will have memories of the trials and tribulations of puberty, however hard we may have tried to suppress them, and of the bodily changes that go with it. Our parents may have been more aware of the cognitive changes

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we were going through as we passed from Piaget's 'concrete thinking' to 'formal operations', in which we began to play around with abstract concepts in the same way that a child might do with physical objects, and were often accused of being 'lost in thought'. Freud explored the 'genital' stage of psychosexual development, the influence it has on the adolescent's self-image and all the specific tensions and general moodiness that goes with it.

For Freud, these emotional changes were rooted in genetics and had little to do with the environment; but classic thinkers like Erik Erikson set the adolescent's struggle to discover a sense of identity within the social relationships being forged outside the home in peer group and community. Later, attachment theorists suggested that the consistency of care in infancy can influence social relationships in adolescence. Those who emerge from secure attachments to their parental figures with a positive sense of themselves will be eager to explore new relationships. Those whose early care was fraught with insecurities will doubt both themselves and the trustworthiness of others. They will be anxious about making relationships or avoid them altogether (Mikulincer et al., 2013).

Meanwhile, increasing attention is being paid to the spiritual aspects of development, to the sense of adolescence being part of a journey towards some distant goal, in which moral values in their widest sense are as important as the basic tasks of reproduction and survival that monopolise the lives of other animals (Shooter, 2009). For a long time such a concept was frustrated by its association with religion or by misunderstanding of religious-sounding metaphors likening young people to 'pilgrims' (Coles, 1990). This has given way to all sorts of research, including claims that spiritual development leads to decreased rates of delinquency and even that delinquent behaviour itself is a search for spiritual meaning (Blakeney and Blakeney, 2006).

## Stages of Development: Clarity and Complications

The word 'adolescence' comes from the Latin *adolescere*, meaning to grow to maturity. All of the schools of thought are stage theories, in which human beings pass from stage to stage, completing the developmental tasks appropriate to each stage and then moving on. Each stage demands a greater maturity than the

one before and, if completed successfully, paves the way for an even greater level of maturity in the next – until we reach old age and begin the long slide down into what Shakespeare called, with typical pessimism, 'second childishness and mere oblivion, sans teeth, sans eyes, sans taste, sans everything' (*As You Like It* II. vii. 139). Modern medicine has done much to improve the final prognosis, but we all get the general gist.

However, in real life, things are not quite so clear-cut in the early stages. Reading Piaget, for example, one could be forgiven for imagining that children and young people develop in a staccato fashion, suddenly becoming capable of a whole new set of cognitive functions overnight, as they pass from sensorimotor to pre-operational to concrete operational to formal operational thinking, at successive ages. But development is much more gradual than that and subject to all sorts of surrounding influences. Anyone who has worked with bereaved families will know that children who are given straightforward information about what has happened and the opportunity to share in the rituals and emotions involved will have a far more mature understanding of death than someone older who has been 'protected' from their grief. And all of us have islands of magical thinking that survive into adulthood in the form of harmless superstitions or a more destructive sense of guilt that we have caused something to happen because we wanted it to.

We have all heard some children being described as 'old for their age' or adults being accused of 'behaving childishly'. What that usually means is that the child is showing surprising emotional maturity though they may not grasp the full facts of a situation, while the adult may know what is happening intellectually but be unable to deal with it emotionally. In other words, different aspects of development may get out of phase with each other, and adolescents, classically, are capable of swinging from one complete set of thinking, beliefs, emotions and behaviours to another, and from one moment to the next. On the hospital ward, this can confuse doctors and nurses who have insightfully included a 16-year-old in discussions about treatment, only to have him retreat into a helpless childhood on the end of a needle. At home, such confusion infuriates parents who are apt to prop the teenager up against the wall, metaphorically at least, and demand to know why. But the teenager may not know why, and be as scared by this apparent lack of control as the parents are angry.

## Challenging Our Stereotypes

So far we have looked at commonalities, as if all adolescents were the same. At a recent workshop the participants were asked to shout out words to describe adolescents. In truth, we could have written the list beforehand because they were all stereotypes. Teenagers are ‘stropky’, ‘lazy’ and ‘self-centred’ and that’s putting it mildly. They take issue with everything, they would stay in bed all day if you let them and they do what they want to do, irrespective of the risks involved and everyone else’s wishes. And, of course, they do it all deliberately, just to annoy us! There are several things wrong with this picture.

To begin with, adolescents differ in all sorts of ways. There are huge variations, for example, in the speed of sexual maturation. As a general rule, ‘mid-teenage girls are tall, slightly curvy, and have breasts ... the average mid-teenage boy is short, weedy and has a light dusting of unimpressive body hair’ (Bainbridge, 2009: 71). Bainbridge argues that there may be evolutionary advantages to this disparity. Perhaps girls are built to look more mature and to begin their adult roles earlier in life; boys remain less impressive and less challenging to adult males until they are older. But, in the meantime, this helps to explain why girls look so terrifying to boys in the first few years at secondary school, and girls may get into trouble with parents for dating older men.

Yet this itself is a stereotype. Even within the sexes, individuals mature at different ages and may hover on the edge of the shower, reluctant to show how more or less developed they are from their peers. At best this may make both girls and boys squirm with embarrassment in games lessons; at worst it may lead girls in particular into sexual activity long before they are emotionally able to deal with it. And this leads to the next point: it is not acne but attitude that is the problem.

## The Teenage Brain: A New Enlightenment

Adults can come to terms with the physical manifestations of adolescence, but it is the behaviour that drives them up the wall and which they see as consciously designed to do so. In fact, some of the most exciting research on adolescence shows what astonishing things are going on in the teenage brain and how little choice adolescents may have in the sort of behaviours for which they attract such criticism (Jensen and Nutt, 2014) (see also Chapter 20 by Aulich and Holroyd).

In short, the human brain is never larger compared to body size than it is in the teenage years, and all sorts of changes are going on within its increasing convolutions. An over-abundance of grey matter connections is being pruned and the growth of key white matter fibres speeded up. Vital dopamine pathways are being laid down as the focus of brain activity shifts from the archaic, brain-stem pathways we once needed for primitive survival to more sophisticated links with the huge but as yet ill-directed adolescent pre-frontal cortex. It is possible to see the teenage brain as caught somewhere in between, as the old pathways are dying out and the new ones are not yet mature, leaving adolescents with a ‘dangerous combination of inquisitiveness and carelessness’ (Bainbridge, 2009: 121) that could explain their risk-taking behaviours.

A more positive way of looking at it would be to say that the teenage brain is in a state of ‘receptive plasticity’, somewhere between the tumultuous growth of childhood and the more settled but inflexible state of adulthood. Its structure is capable of influencing the teenager’s behaviour and being influenced by that behaviour in turn, in a sort of virtuous circle. Thus research is beginning to show that play in adolescence, not structured sport or isolated computer games but free play that involves risk-taking and risk-mastery, is essential for the laying down of nerve pathways for social competence.

In other words, the teenage brain is not a mere halfway house between childhood and adulthood, but a vital and necessary stage in its own right. Meanwhile, whatever is happening inside, things may get quite difficult on the surface. The combination of a jealous streak, the effects of sex hormones and shaky brain processes for dealing with fear may render the adolescent impetuous, oppositional and liable to fly off the handle at the slightest provocation. And the circadian rhythms that govern sleep patterns are subtly different in adolescents, in response to shrinkage of the pineal gland and shifts in the nighttime peaks and daytime troughs of the melatonin hormone that it secretes. Teenagers do indeed find it difficult to get up in the morning and are less alert and grumpier if forced to do so, through no fault of their own (Morgan, 2013). Some schools are already adjusting their timetables to accommodate these findings but it is asking a lot of parents to remember what is happening in their teenagers’ brain when arguments

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rage over the breakfast table. We do not give up our stereotypes so easily!

### Towards a Healthy Outcome: The Meaning of Well-Being

Amongst all the angst and annoyance, we need to remember the positive qualities towards which adolescent development is heading and from which, with a bit of luck, most teenagers will emerge with a sense of well-being and parents, teachers and all the adults around them with a sigh of relief! And that takes us back to those rival schools of thought with which we began. At first glance, they may seem to clash with each other and the debate between their protagonists has often been fierce. But child development can best be understood ‘as a process of dynamic transaction between multiple factors’ (Gibbs et al., 2015). The schools of thought are not only complementary in many aspects but may all be needed, together, to fully explain what is happening in the experience of adolescence and the outcome if all goes well.

Armed with an increasing sense of physical mastery over the world, a growing, if sometimes anxiety-provoking, awareness of sexual prowess and the experience of success and the congratulations that go with it, the healthy adolescent develops a reasonably secure self-image. Gradually, he learns to recognise, label and come to terms with his own most primitive feelings and to recognise and appreciate the feelings of others. He has the cognitive ability to think in the abstract about himself and the world, to make plans for the future and to work towards them with the sort of values that he thinks are worth standing up for. He can put himself in the shoes of others who may have different views and find ways of maintaining relationships nonetheless. In other words, the adolescent develops the four essential components of well-being – control, communication, cooperation and compromise. What could possibly go wrong?

### Question 2: How May It Go Wrong?

#### Adolescent Turmoil: Normal and Pathological

Not surprisingly, in the light of what we have said already, some writers have seen a certain amount of conflict as a normal part of adolescence. G. Stanley Hall, one of the first academics to study adolescence, thought that it reflected the turbulent history of the

human race over the last two millennia: Sturm und Drang (storm and stress). Many parents might agree with him but two classic research studies have undermined the notion of adolescent turmoil. The first (Bandura and Walters, 1959) found no greater stress in adolescence than at any other stage of life. The second (Rutter et al., 1976) uncovered only a small increase in disturbance that had usually been present from much earlier in childhood and in response to parental conflict rather than psychological problems in the adolescent per se.

Nevertheless, the complicated processes of adolescent development give ample opportunity for it to go off the rails in one way or another. Take, for example, the concept of identity formation, Erik Erikson’s stage 5 of human development (Erikson, 1963). The majority of adolescents emerge with what he called an ‘adaptive’ response, a coherent sense of self in relation to peer group, adults and the community. But ‘maladaptive’ responses could result in role confusion and aimless drifting in which pathological clinging to delinquent gangs or teenage pregnancy might seem preferable to loneliness and despair. At least they would give the adolescent some sense of identity, and we have all seen how attractive that might be to teenagers out of school, out of work and out on the streets in modern sink estates.

The idea of an ‘identity crisis’ in adolescence has led to further research on how it might be resolved (Marcia, 1980). Speaking to 18- to 22-year-old college students, Marcia found that most of them had developed a firm commitment to their path in life or had suspended a decision while they tried out a variety of roles for a while. But some seemed totally unable to work things out (role diffusion), and others had opted for safety too early in life, had avoided all experiment and had settled for conventional goals (role foreclosure). These concepts may be complicated by the effects of economically hard times, when there are less career opportunities available and many adolescents are forced to grab at whatever comes along. Meanwhile, the educational system has been accused of compounding all this by stressing the need for academic achievement rather than creativity, keeping adolescents’ noses to the grindstone and increasing the sense of failure in those who fall off the ladder.

#### In-born and Acquired Obstacles

The tasks of adolescence are difficult enough in themselves; for some adolescents they are made almost

impossible by internal and external factors, either innate or thrust upon them through circumstances beyond their control. A child on the autistic spectrum, for example, will find it very difficult to deal with abstract concepts or to see the world through the eyes of anyone but himself. He might survive in primary school, where teachers in more intimate classes might accommodate difficult behaviour, but adolescence is often a nightmare for the child and all the adults around him.

We would be hard put to design a stage more difficult for him than that of teenage relationships and the appreciation of other people's feelings, tolerance of difference, flexibility of attitude to unfairness, control of temper and the abstract thinking that they entail. Secondary schools, with their own rigidities, are often unable to cope.

Illnesses, first occurring in adolescence or increasing in severity, can cut across all the normal processes of adolescent development. How is it possible to feel part of her peer group if the teenager spends most of her life in a wheelchair and out of school? How can a teenager - disfigured by illness and its treatment - feel part of the crowd when she is so obviously and embarrassingly different in the eyes of both herself and those around her? How can she establish her independence when she is becoming increasingly reliant on parents and medical experts for her very survival? And how can she commit herself to any sort of life plan when the future is so uncertain? Thankfully, such questions have encouraged the development of specialist facilities for adolescents in hospital and the inclusion of psychiatrists, psychologists and youth workers in the medical teams working within them and out in the community; but there is still a long way to go before institutions like hospitals and schools can cope with the issues involved.

## Family Reactions: Conflict and Consequences

Most adolescents, of course, do not live in a vacuum. They live at home, in families of one sort or another, subject to all the family tensions that might surround the adolescent's behaviour. How families resolve these tensions is critical to everyone concerned. To put it bluntly, parents of a teenager get another shot at the 'terrible twos'. You will remember that the two-year-

old, with his newfound ability to get around physically and a biological urge to explore the world, provided he has a secure-enough sense of attachment to believe that his mother has not ceased to exist just because she is out of sight, will push the boundaries of safety. And the good-enough mother, aware of the dangers, will encourage her toddler's exploration, dust him off when he falls over and send him off again until the risks are too great. When the toddler becomes frustrated, he has a tantrum, is cuddled, and the process continues until the growing child develops his own awareness of the dangers to be avoided (Bailey and Shooter, 2009).

Without being patronising (or matronising for that matter), much the same battles can recur in adolescence. The normal teenager, alone or led on as part of her peer group, has the same urge to explore the world, apparently heedless of the dangers involved. The parents, knowing better of course, are faced with the dilemma of how to reward healthy risk-taking while maintaining an envelope of security. This is a tightrope that is easy to fall off on both sides, if you will forgive a mixed metaphor or two! Under-reactive parents will suffer fewer arguments, but their teenagers may have to resort to ever more dangerous behaviour, serious drug abuse or sexual activity for example, to get any idea of where the boundaries might be. The adolescents of over-restrictive parents may kick against the boundaries with all sorts of pathological attempts, such as the eating disorders, to wrest any sort of control over their lives.

Again, the good-enough parent will get by with a skirmish or two but be rewarded with offspring thankful that they were there when it all got too much. Parents may worry that their sons and daughters are about to overthrow everything they have worked for, but most of them will grow up with much the same view of life and pass it on to their own offspring in turn. That sounds comforting, but it also means that when things go wrong, the problems will be passed on from one generation to another in cycles of pathology that may be very difficult to break and which entail huge *costs* in terms of both human misery and service involvement.

## Serious Situations

The following are typical scenarios where things have gone seriously awry across the lifespan and a young adult has ended up before the courts.



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A 20-year-old before the Magistrates Court, charged with assault.

Dean was admitted to the paediatric ward of his local hospital at the age of four with ‘failure to thrive’. He was pale, thin and small for his age, wet the bed every night, was clumsy, had a stutter and was generally unkempt. He was alternately tearful and aggressive to the other children but responded well to being ‘mothered’ by the nurses. His own mother was a single parent with three children, all with special needs, by three different fathers, none of whom took a responsible role in their parenting. Dean’s mother was reported to have had a puerperal depression after his birth. Her relationship with Dean was difficult from the start. ‘He’ll turn out just like his father . . . you wait and see!’ she said to one of the nurses on the ward. A case conference considered the possibility of neglect but no further action was taken.

Dean was referred to the Child and Adolescent Mental Health Team at the age of seven. The educational psychologist described him as ‘destructive to everyone and everything around him . . . he can’t concentrate for more than a few seconds, plays the fool to get attention and is impossible to teach . . . he must have that ADHD’. He was seen by a consultant child and adolescent psychiatrist who suggested a trial of medication but Dean’s mother ‘failed’ to bring him to further appointments and he was lost to follow-up.

Records of Dean’s history from there on proved fragmentary, just like his life. He spent several brief episodes in Local Authority care, was thrown out of secondary school and into Special Education, but was on the streets at 16 with a drug habit and stealing to support the habit, and in a criminal peer group. He was admitted to an Accident and Emergency department on at least two occasions with ‘accidental’ overdoses but not followed up. He had increasing contact with the police and received several cautions for minor offences.

Dean has now been arrested when trying to steal drugs from an ambulance that had stopped to treat an old lady who had fallen in the street. He knocked the old lady over again as he ran off but gave himself up when challenged just a few streets away. The old lady fractured her hip but may have done so in the original fall. Reports reveal that Dean’s father was imprisoned at the age of 18, for aggravated burglary.

A 19-year-old university student before the Magistrates Court, charged with shoplifting and possession.

Leanne was brought up in a middle-class, professional household with an emphasis on hard work, academic achievement and little time for play. Her mother was a teacher but had spent long periods off work with depression. Her father had his own business, which was failing. By the time Leanne reached secondary school, there were large debts building up and the father was drinking heavily. Tensions in the house may have led to domestic violence, and neighbours telephoned the police on several occasions. The parents were interviewed but Leanne’s mother denied any problems.

Leanne was sent home from school on an increasing number of mornings with headaches and stomach aches, investigated by the GP (general practitioner) with nothing serious being discovered. She became unable to walk after a brief bout of influenza and was admitted to hospital with a diagnosis of Chronic Fatigue Syndrome (CFS).

She was weaned slowly out of hospital and back to school by interventions from the Child and Adolescent Mental Health Services (CAMHS), whilst adult mental health services treated her mother’s depression – all against the father’s initial opposition. ‘I hope you’re not accusing me of being the cause of all this’, he said threateningly to the consultant paediatrician who assessed Leanne. ‘Because I’ll take you to court if you do and that’ll be your career finished!’

Leanne obtained sufficient A-level grades to get to university – the first time she had ever been away from home. But she became increasingly anxious in her first term, she had few friends and her work was suffering. She saw the local GP for a repetition of her aches and pains but there had been no link between her home and university records for ‘confidentiality reasons’. The supermarket pressed charges when she was caught with a bizarre selection of items in her possession and a substantial quantity of cannabis which she said a colleague had given her ‘to look after’.

A 21-year-old before the Magistrates Court, charged with soliciting and possession with intent to deal.

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Subash comes from an Anglo-Indian family with strict cultural rules. His two elder sisters both entered arranged marriages without apparent complaint, and there was immense pressure on Subash to become a doctor ‘just like his grandfather back home’. Subash’s father failed to gain entrance to medical school and is now a drug company representative. His mother told Subash that it was up to him to retrieve the family’s honour.

Subash did well at primary school, although the teachers worried about his lack of social outlets. His achievement began to fall off rapidly at secondary school, where he was teased unmercifully by his peer group because of his effeminate behaviour. He became increasingly isolated and withdrawn, retreating into his bedroom whenever he could to make contact with largely older men on the internet. At 16 he was ‘caught’ by his mother trying on his sister’s clothes. She challenged him after reading in his diary that he was having secret meetings with men when he should have been in school, and he ‘confessed’ to being gay. His mother told his father, there was a huge family row and Subash was thrown out of the house and ‘disowned’ after refusing to be sent back to the grandfather to ‘knock some sense’ into him.

Subash has survived since as a rent boy and by dealing in drugs.

years, encouraged to steal alcohol from supermarkets by those in her peer group who regularly took advantage of her.

Tracy was taken into Local Authority care with multiple failed foster placements punctuated by stormy returns to her mother. Her ‘favourite game’ when in care was to abscond on a Friday night, get as far away as she could, then give herself up at the local police station. It happened so often that the local social services had a special Tracy-duty-roster to go out and pick her up. She had fleeting contact with psychiatric services because of self-harming (cutting) behaviour and was briefly treated by her GP for depression. After years of sexual behaviour with older men, she became pregnant at 16. The baby was taken into care at birth.

Tracy was said by her mother to have had a history of fire setting as a child. At 14 she had a short spell in a secure children’s home after setting fire to her bedclothes while in a Local Authority hostel. She had told the staff she was going to do it because she felt ‘out of control of my feelings’. She has now been arrested and charged with setting fire to an old, boarded-up terrace house shortly after being told that she would not be allowed to have any contact with her now-adopted baby. A homeless old man who had been dossing in the terraced house suffered extensive burns in the fire.

A 19-year-old before the Magistrates Court, charged with arson.

Tracy appears as an overweight, unkempt and physically unattractive young woman with some degree of learning difficulties and what an expert witness (the local CAMHS psychologist) calls a ‘typical fire-setter’s background’.

Tracy had a history of early neglect at the hands of a single-parent mother who had herself been in Local Authority care and gave birth to Tracy at the age of 16. There were strong suspicions that Tracy was sexually abused when her mother was living with a man who was subsequently imprisoned for abusing other girls. She was a socially isolated young girl with little education and low self-esteem. Her behaviour was impulsive, with poor anger management and explosive outbursts whenever frustrated. She began drinking increasingly heavily in her early teenage

Question 3: How Can We Help to Put It Right If It Does go wrong?

It is not the remit of this chapter to look in detail at the pathways to young offending and how to prevent or deal with it. But the four scenarios above are typical of the life stories of young people who end up before the courts. We can use them to pick out some key aspects of those stories, where they went wrong, the repercussions for the adolescents involved and how they might have been retold with a happier ending.

A Jigsaw of Understanding: Where It Went Wrong

To understand those stories, we need to put together a jigsaw of individual, circumstantial, family and wider systemic pieces that together make up the full picture of the young person’s plight. And to start

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with, the development of all four of the young people had been undermined by early deprivation. It is always tempting to blame this on material poverty; on sink estates with their accompanying stereotypes of single parenthood; downtrodden mothers with little or no parental support of their own, struggling with children with special needs and from multiple, feckless fathers – as in the background of Dean and Tracy.

But poverty does not necessarily mean deprivation. One of the joys of working with families in poor areas is the finding of families who have not been ground down by their circumstances but have prospered, emotionally if not materially. Much work is now being done on the factors that give those families and their offspring greater resilience (Southwick et al., 2011). Correspondingly, material prosperity does not necessarily lead to well-being. Deprivation can exist in middle-class, professional families with large houses, large mortgages and large debts; with a tense and sterile atmosphere; huge academic expectancies; and little time for play. Both Leanne and Subash suffered such deprivation that it crushed their individuality just as surely as poverty might have done.

In addition, the lives of these young people have been compromised by innate, constitutional factors or by events and circumstances thrust upon them from outside. None of Dean's minor physical problems seemed worth treating, but together they must have been crippling to his self-esteem. How do you achieve any sort of popularity with your peer group if you can't express yourself clearly because of a stutter, if you are too clumsy to be good at games and if you are always smelly and unkempt? In those circumstances, playing the fool in a destructive way may not be part of an organic disorder such as Attention Deficit Hyperactivity Disorder but a last, desperate attempt to get attention of any sort.

Similarly, an illness like Leanne's CFS needed addressing in its own right, of course, but we also need to work out what 'meaning' it might have had within her life. We know that the situation in her home was dire and that an adolescent like Leanne might well feel responsible for sorting it out. We could make out a case for her emotional stress being converted into aches and pains which then carried her out of school and back home to help out and protect a depressed mother – until it all got too much and her full-blown CFS alerted the services to the need for their intervention.

## Repercussions for Relationships

All this has left our four young people with major problems in coming to terms with the normal tasks of adolescent development. Far from forming healthy relationships with their peer group and the outside world, Dean and Tracy drifted ever more dangerously around in their search for the sort of boundaries that their parents failed to provide – the sort of drifting in which playing the fool or fall guy at best, and joining criminal gangs and sexual exploitation at worst, must have at least offered some sort of perverted 'security'. Unable to understand, control, express and communicate their feelings coherently, their behaviour spoke for them. And sometimes this was bound to be explosive and destructive in ways that would damage themselves or others, as in Tracy's cutting and fire setting.

Meanwhile, Subash and Leanne struggled to find their independence in a web of cultural and family rules that first entrapped them in the home, isolated from peer-group relationships, then 'spat' them out precipitately, Subash onto the streets and Leanne to a university life for which she was totally unprepared. And in both cases, the end result of this over-restriction was just as dangerous as the neglect suffered by Dean and Tracy. None of them received the sort of good-enough care in which they could learn the balance between healthy experimentation and dangerous risk-taking, with disastrous consequences.

In such circumstances, the wider 'family' of services, local authority social services, schools and their attendant psychology services, Child and Adolescent and Adult Mental Health Teams, hospital paediatric and Accident and Emergency services, GPs, the police and many more, may all have become involved, as they did at various times with our four young people. But just like the families of origin, they also have their relationships, within and between them, that may replicate and reinforce the dynamics within the family, and the internal, psychological dynamics within the young person in turn.

Thus the multiple failed school and foster placements in the lives of Dean and Tracy, and the insecurities, false hopes and rejections they entailed, must have reinforced everything they experienced at home and the sense of worthlessness and guilt with which they emerged. Several people expressed worries about Subash and Leanne, at various points in their lives, but the services tended to be involved for brief periods only, at times of crisis, then hand them on like relay batons, without offering the sort of long-term,



coordinated vision that they required. Services, in their eyes, were not to be trusted.

## Ways of Helping: Safety – the First Consideration

The corollary of all this is that by acting more responsibly the services may set a positive example to families and help to repair some of the damage done to the young people within them. So what sort of help might our four young people have needed? First of all, we need to recognise that the behaviour of all of them could be seen not just as a ‘cry for help’ but, at times, a scream – and a scream that too often went unheeded because it was seen as some sort of social problem that was not part of service responsibility or turned into a diagnosis for treatment. And much as we would like to work with a situation, sometimes the only answer to the scream is to remove the child or young person to a safer place.

It is easy to point the finger at struggling single parents, though too often services fail to act upon neglect that is obvious in the lives of children like Dean and Tracy until it is almost too late. But services are much warier of tackling abusive situations in middle-class families with different cultural values, such as Subash’s family, or hostile, litigious parents like Leanne’s father. Once removed, we must make sure that the alternative care offered does not replicate the abuse from which the child has been rescued, that they do not pass from the frying pan into the fire. Someone like Dean or Tracy, who had been so scarred by family breakdown, would be bound to test out foster placements to the limit. They might have benefitted, first, from the less intimate and intensive relationships in an old-style family group home.

## Early Intervention – Flexibility of Approach

Next, we need to move away from ‘a one size fits all approach, in which any one practice is seen as being most suitable for all clients’ (Cooper and McLeod, 2011). Young people in trouble, living in pathological family situations or fragmented care, need the coordinated involvement of many services and many forms of help in many formats (Geldart and Geldart, 2010). Early intervention schemes like Sure Start (Glass, 1999) are built around a combination of parenting programmes, practical help like child-minding and educational and play opportunities for children. They

have been successful in turning around the lives of families in severely deprived areas like those in which Dean and Tracy grew up. In other words, if we want to help young people like them, the earlier the better.

Where adolescents are still trapped in families like those of Subash and Leanne, work may have to be done with a parent struggling with their own problem, like the depression of Leanne’s mother, and in marital or family therapy before the tensions can be lifted from the young person’s shoulders and they can get on with their own lives. School counselling, now available in every secondary school in Wales, offers many adolescents an opportunity to share problems they may have at home or in their peer group, free from the trespass of others.

And, above all, we need to ask what help young people themselves are looking for. They are experts in their own predicament and can be self-taught a range of strategies to deal with ‘normal’ stresses (Morgan, 2014). Those in therapy need to be addressed as partners to be empowered in the search for their own solutions rather than ‘cases’ in passive receipt of treatment doled out by adults. Much has been written about the skills of counselling with adolescents (Hanley et al., 2013), but purist approaches in cognitive, psychodynamic and Rogerian therapies may need to give way to innovative formats such as music and film, that fit young people’s needs and lifestyles rather than fitting the young person to what the therapist has been trained to give (Hadley and Yancy, 2011).

## Conclusions

In the end, what seems to matter most is the quality of the relationship offered to them, irrespective of the discipline of origin of the counsellor involved. What adolescents value is the chance to talk about their problems and to explore their feelings, to be listened to, understood and accepted for what they are, not what someone wants them to be. Within the security of that therapeutic alliance, they can try out new ways of working towards short-term goals and then face the world outside with the confidence that those successes would bring. This requires the counsellor to steer a difficult path between, for example, the need for closeness and the dangers of becoming the good-enough parent the young person lacked, the need for unconditional regard while simultaneously disapproving of some of the young person’s behaviour and the courage to take the sort of risks in therapy

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without which the young person might not develop whilst being aware of the need for an envelope of safety. But the rewards are huge.

One thing is certain: without such a reparative experience the adolescent is likely to repeat the pathology of the previous generation and to pass it on to the next in a vicious cycle of thwarted development. It is no surprise that Leanne showed the signs of entrapment that her mother did before her, that Subash found his own way of disappointing family expectations, as his father had done, that Tracy became pregnant at the same young age as her mother did and her own baby began a similar lifetime of Local Authority care, and that Dean fulfilled his mother's angry prophecy that he would end up before the courts, just like his father. Without help rather than simple punishment, all four will be condemned to hand on the pathology in their turn.

It is the financial cost of such a cycle of family breakdown, abuse, school dropout, unemployment, divorce, mental health problems and criminal justice involvement that is beginning to persuade governments to put money into early intervention schemes and adolescent services. But it is the human misery of young people, the children they once were and the adults they will become, that matters most.

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