

I Stand Up Next To A Mountain: Adolescence, Anger and the Abyss.

Author's note: unfortunately I don't have the transcript of my presentation though here are the 'bones' of it, from memory, including minor additions edited out on the day to keep to the time structure.

It is an honour and a privilege to have been invited to speak at 'BGJ day' this year at the Gestalt Centre where I have done most of my training in counselling and psychotherapy. It's also a delight to take part in a joint venture with my wife Roz; we have been enjoying experimenting with teaching together recently.

This morning's talk is entitled I Stand Up Next To A Mountain, subtitled, adolescence, anger and the Abyss. It begins with a few minutes of music and I need to warn you it's loud!

(NB: there are several online examples of the following excerpt available on YouTube. Look for references to Jimi Hendrix's 'Voodoo Child/ Slight Return', e.g. <http://www.youtube.com/watch?v=dw1Lvn5g62I>)

J: What thoughts, images, emotions come to mind on hearing this?

(Audience) Powerful, arrogant, brash.

J: Yes, brash, conceited, the confidence of youth- lets think about how the sound conveys this. Here are some of my observations:

It begins with a scratchy sound- like whittling wood. Then there's a 'wah wah' but this is very different from the sexy, suggestive wah sound of a jazz trumpet- its more like being sick – a throwing up. Then there's the crisp sound of the hi hat cymbal, which appears to say 'Stop: Listen up!

The wah is repeated, then there's a three-note broken chord that begins low and raises, a **rebounding** sound –like the trajectory of a bungee jump. Its followed by a wail of protest and then a decelerating noise, the kind of sound one might make slowing down a 'chopper' bike or an old go- cart when you use your foot as a brake. A sudden high splutter and the vocal starts *(my commentary is in italics)*:

“ Well, I stand up next to a mountain

And I chop it down with the edge of my hand

Yeah

Well, I stand up next to a mountain

And I chop it down with the edge of my hand. *(Omnipotence)*

Well, I pick up all the pieces and make an island *(autonomy)*

Might even raise a little sand *(cause a stir)*

Yeah

Cause Im a voodoo child

Lord knows Im a voodoo child baby

I want to say one more last thing

I didnt mean to take up all your sweet time

I'll give it right back to ya one of these days

Hahaha

I said I didnt mean to take up all your sweet time

Ill give it right back one of these days (*non specific – I'll do it whenever*)

Oh yeah

If I dont meet you no more in this world then uh

Ill meet ya on the next one (*suicidal ideation?*)

And dont be late

Dont be late! (*demanding*)

cause Im a voodoo child voodoo child

Lord knows Im a voodoo child

Hey hey hey

Im a voodoo child baby

I dont take no for an answer.”

This abrasive piece of music, titled Voodoo Child, grabbed my attention whilst I was putting together this talk; for me it offers a timeless description of how adolescence is lived. From the outset sounds ricochet and rebound conveying the pulls and pulses of the teenage merry go round. The first verse asserts itself without ceremony, omnipotently:

‘I stand up next to a mountain and chop it down with the edge of my hand.’

As the lyric continues the singer remains insouciant; he flirts with the notion of death and exhorts the listener to better timekeeping: ‘don’t be late!’

In the year 1968, when I was fourteen, this song was released to considerable acclaim. It featured the pioneering guitarist Jimi Hendrix. Rated one of the best guitar solos of all

time this record still retains an enduring appeal among young persons. The year 1968 was a time of rebellion, the antithesis of the preceding year's 'summer of love'. Concerns about civil rights and opposition to the Vietnam War lead to demonstrations across the globe. In the US the assassination of Martin Luther King in April sparked riots in Washington. Later in London protesters encircled the US embassy in what became known as the 'Battle of Grosvenor Square' In Paris, at the Sorbonne, students sought to overturn the prevailing conservative values (religion, patriotism, respect for authority) with a liberal morality (equality, sexual liberation, human rights). Musicians caught the zeitgeist; starting with the Beatles releasing their hit song "Revolution". Voodoo Child continued the edgy, oppositional theme. Young, beautiful and black, Jimi Hendrix had risen from a childhood 'in care' to virtuoso musician and counter-culture hero. 'Voodoo Child' became an anthem for the Black Panther movement and a commercial success rereleased two years later following Hendrix's untimely death from a drug overdose. Years later I worked in the hospital where Jimi died.

Music as a lifeline

For many of us, reconnecting with our own experiences of teenage life, its thrills and frustrations eludes us with the passage of time. Yet one way of keeping in touch with adolescent dilemmas and concerns is through listening to popular music of that era. Each generation retains an affection for the music it grows up with, which provides an accompaniment to emergent reflexivity. Aural memory stirs us, transporting us back to another time and place, like the memory of a particular scent. We respond to this visceral, embodied aural experience whether we are hearing the sounds of Brown Sugar, Rock Around the Clock, Mood Indigo, and the Chorus of the Hebrew Slaves or something else. I grew up listening to and influenced by the music of gypsy guitarist Django Reinhardt, the Beatles, Led Zeppelin and other groups. After arguments at home Sibelius's convoluted fifth symphony became my comforter along with Focus's Hamburger Concerto.

Now, as then, many teenage classical fans relate to the romantic emotionality of, say, Bruckner or Tchaikovsky. Some seek the clarity and verve of Vivaldi or the syncopation of Gershwin's Rhapsody in Blue; others prefer the brassiness of Mahler or the discordance of Stravinsky breaking the rules of conventional music - in preference to the restraint of Mozart. Likewise within pop music teenagers respond to a range of stimuli. Some are attracted by pulsating, driving sexual beats whilst others are captivated by vocal eloquence or beauty. Expressive lyrics address many themes including: desire and flirtatiousness, competition, loneliness, betrayal, heartache, tenderness, and joy.

Now it's your turn! I'm going to play you some extracts from popular songs over the last forty plus years. Can you identify some of the sentiments or concerns emanating from their lyrics? See if you recognise the artistes and the song titles. I've emphasised some of the themes that grab me in bold text below:

Songs

1. **Dion and the Belmonts, Teenager in Love** ‘One day I feel so happy, next day I feel so sad’ (*my mood changes-why?*)
2. **The Who, My Generation** ‘People try to put us down.... /why don’t you all F****Fade away!’ (*Feeling persecuted / angry towards adults*)
3. **Bob & Marcia, Young Gifted and Black** “We must begin to tell our young: There’s a world waiting for you!’ (*Be proud of your heritage/ identity*).
- 4 **Simon & Garfunkel, I am a Rock** ‘Hiding in my womb... I touch no one and no one touches me... A rock feels no pain; an island never cries’. *Shutting out painful contact*)
5. **Janis Ian, At Seventeen.** ‘ Those of us with ragged faces..... Desperately remained at home, inventing lovers on the phone’ (*life is lonely outside the clique/ if you’re not chosen.*)
- 6 **Cat Stevens, Father and Son** “ I know that I have to go”. (*Resolution*)
7. **Alanis Morissette, You Learn:** ‘you live, you learn, you cry – you learn –(*exhortation – you’ll manage!*)
- 8 **Linkin Park, Numb** ‘I’ve become. So much more aware –all I want to do is be more like me and less like you’. (*One of 2008’s successful pop tunes- the observations, dissatisfactions and yearnings are as relevant as ever to teenage life*).

The popularity of these songs stems as much from the messages they contain about common wishes and tasks of adolescence, that is to feel capable, to establish an identity/ begin to make one’s mark on the world, and to separate from ones’ family of origin- “I know, I have to go.”

Adolescence is a life journey that involves others too; I want to focus on the context(s) that many teenagers function within, en route. I also want to outline for you **some** key concerns and processes that affect normal adolescent development. I will refer to Mark Conville’s 3-stage model of adolescence. Mark is a renowned and experienced Gestaltist working with teenagers in the Cleveland area of the US. His book *Adolescence: Psychotherapy and the Emergent Self*, published in 1995 has been a seminal influence for many of us elsewhere working with teenagers. Drawing on Mc Conville’s research I will suggest some common areas of stuckness that can constrain adolescent growth, with particular reference to familial and social environments.

I also want us to consider how teenage anger impacts:

- a) On the family and the community
- b) On the therapist. (Encounters with adolescent anger can feel like stepping onto a minefield).

When adolescents irritate and provoke us it can be tempting to write them off as a bunch of utter ‘nogoodniks’. Yet if we can see beyond the objectionable behaviour we may sometimes discern some *enabling* functions of adolescent anger:

1). In helping proto- separation from the family of origin, in other word kick-starting the process of transition to adulthood.

2) In providing personal psychic protection, through deflecting strong- potentially overwhelming feelings that the brain, undergoing massive growth and reorganising, cannot yet accommodate. These include the ability to own personal incongruities: e.g. I like to be thought of as inherently kind and fair yet I am sometimes mean to my little sister.

Adolescence is a time of rapid development on so many fronts; many adolescents struggle to cope with the sheer volume of changes at times. Time permitting I will propose the idea that for some teenagers, especially those functioning ‘on the edge’ of their comfort zone, what might appear an ordinary encounter at a point of impasse when combined with feared loss of control, results in an experience of what I am calling an’ Abyss. More follows on this later.

Meanwhile I will supply some vignettes from personal experience of working with adolescents in therapy that I hope will generate some discussion about the above issues. Where to begin? Let us consider the field nature of adolescence:

Field nature of adolescence

Modern developmental theories are neither longer dualist nor isolationist; we talk of dialogic relating, have interred -subjectivity. However in many Western societies traditional notions of simple cause and effect hold sway in the public domain. Many parents still blame ‘raging hormones’ when describing their offspring’s forays into sexuality. Yet we can also consider a social field in which the adolescent is both scared and highly ambivalent; he receives little coherent support and structure for the emergence of sexual experience... his response, too easily dismissed as ‘sexual impulsivity’, is rather ‘an expression of self in a disequilibrating field.’(McConville p32)

In 1957 Kurt Lewin described the organism as acting within an environment or context, creating reciprocal wholes of experience. He talked about a ‘Lifespace ’ (McConville 1985 p39) that extended in space and time, being the psychological, biological and social dimensions of an integrated field. He built on Hildegard’s (1948) notion that:

“ The space I inhabit psychologically corresponds to the world around me and also to that which exists within me.“

Lewin noted that: ‘the psychological world which affects the behaviour of the child seems to extend with age.’ (Lewin 97, p242). In other words there is an expansion of ‘free movement’ – both geographical and temporal that the young person finds accessible. For example, my teenage stepdaughter, having learnt to use the bus system, visits her friends and crosses town without a second thought. Yet last year she demanded lifts whenever she left the ‘secure base’ of our home and would not consider the

possibility existed of her journeying without us, her parents. Now, hanging out with her friends she experiments with and experiences new aspects of her self as she joins with and competes with them, receiving their challenge and support.

For such growth to occur, new interests require new environments. Often when young teens send phone or text messages to their parents whether to confirm their whereabouts or negotiate greater autonomy they seek to extend their repertoire by experiencing their ability to survive in new territory be this the local park or the new branch of Primark, unaccompanied by adults.

Hormones in action

Neuroscientist Jaak Panksepp (1998) who studies affective states in mammalian brain circuits categorises 'emotional operating systems' which prepare communication and action states and shape emotional responses (Carroll, 2006). Alongside fundamental systems necessary for survival – such as fear and rage he lists 'seeking behaviour'. An example of this is foraging (for food, shelter, a mate). It is characterised by persistent forward locomotion and triggered by need. Seeking behaviour is also engaged in for the pleasure of investigation and pursuit. The chemistry is ruled by dopamine, a neurotransmitter that powers and enlivens the individual in relation to their environment. The seeking system engages the frontal cortex –involved with planning thought and anticipation...and interacting with other systems. Panksepp draws parallels with the psychoanalytic notion of libido or in Gestalt parlance the energy or excitement in the field. Seeking behaviour, whether external or internal (such as reading or planning) enables extension of the 'life- space'.

Dopamine works with testosterone and adrenaline to create a cocktail supplying high energy and excitement (Carroll, 2009, personal conversation). Many animals experience an adolescent phase. Researchers Slotow & van Dyk describe teenage bull elephants in 'Musth' as experiencing a sixty –fold increase in testosterone. These bulls shake up the herd challenging all comers and searching to mate. Similarly young bucks leave home, hang out together, and then fight over mates. Bluffing parrots go through a stage of lunging, biting, hissing, and show general resistance to interaction, whilst adolescent dogs not uncommonly exhibit challenging behaviours.

Risky behaviour

The assertion of independence, exploration and hormonal changes during adolescence contributes to all kinds of impulsive behaviour, extreme sports, binge drinking, and unprotected sex. The highest levels of sensation seeking are found amongst boys with the highest levels of testosterone. Some continue in adulthood taking risks on a calculated basis: for example gymnasts, performance artistes including Cirque de Soleil, stuntmen

like Evel Knievel. Some teenagers miscalculate their attempts at extending the life-space, which can easily end in disaster.

For example 16yr old Stef (who appears as a vignette in my BGI article, December 07) experienced fainting episodes during her frequent impromptu trips to London. She travelled up with friends though often left home without money for food or adequate clothing thinking she could get by. Invariably she left the company of her friends and got into difficulties. Rather than accept the help her friends offered she frequently ended up in hospital or police custody.

Research into teenage risk- behaviour (for example using experiments that simulate solo and convoy car driving) shows that peer pressure can lead to huge increases in risk taking, often to maintain face. Accordingly car rental firms tend to regard under 25's as too hazardous to insure. Such information is hardly revelatory; Shakespeare's most famous teenagers Romeo and Juliet died largely as a consequence of their impulsivity and poor judgement. Yet becoming risk- averse is not the answer: risk taking plays a vital part in living. As Jay Giedd neuroscientist in Maryland points out, without teenage experimentation we would never venture out, meet new people, mate and maintain the species.¹

Michael Gurian, psychologist and author of 'The Wonder of Girls' lists four abstract searches typically engaged in during adolescence (Gurian, 2002,p 49)

1. For identity – posing the question who am I?
2. For autonomy- or how can I manage in the world as an adult- not a child?
3. For morality- i.e. what values shall I adopt to guide me?
4. For intimacy- how can I love passionately and effectively?

Try this experiment if you like: Go inside yourself and recall any aspect of your own teenage life- which of the above searches is figural? Take a moment to review this or share with your neighbour.

McConville (McConville 1995) describes the pre adolescent as '**embedded**' in the family. Throughout childhood the child- self remains unreflective; life is experienced yet not known, i.e. without observing ego. Though vast developmental changes take place from the first five years and beyond, if we compare the narrow band of activity and independence afforded during babyhood and young childhood the really big change for most youngsters starts around entry to secondary school. Now the emergent teenager becomes able to function more by herself and is increasingly regarded as responsible for her actions. As young teens begin to differentiate subjective and objective reality some important questions arise:

* What do people do with their lives?

¹ "Willingness to enter the unknown, creativity, inventiveness are what brought us out of the caves". (New York Times article download 22/6)

- * Is Nina real or a phony?
- * Can adults be trusted?
- * What does Jody feel about me?
- * Does anyone know the real me?

This is a time of truth and reality checking where the adolescent looks for discrepancies between private experience and outward expression in herself and others.

The teenager progressively ‘disembeds’ as he begins to experience having an inner world that is separate from outer existence (ibid). He spends less time with family, turning to friends and other adults, forging a new personal identity from peer culture. Shared tastes in food, appearance, music, ideals and attitudes begin to inform the sense of self.

Embeddness and differentiation stand in a figure/ground relationship to each other, ultimately seeking to reconfigure into something with more comprehensive application. We can think of this developmentally as happening in 3 phases (McConville, 1995):

Phase 1: disembedding

This is characterised by establishing a sense of boundary. It occurs typically around ages 11-14 years. The individual begins to experience discordance between his/her emergent and intensifying inner life and his/her outer adopted persona (embedded in the surrounding cultural context). The adopted persona includes values, rules and ideals acquired by the child/adolescent from their family and from society. Now the teenager experiences a lack of fit between these codes and his new inner life. There is a heightened sense of physical power: one really feels the possibility of being able to ‘Stand up next to a Mountain and chop it down.’ single handily in a trice! All this is accompanied by acute emotional reactivity and, also novel, sexual arousal.

So far, so good. Yet there can be unhelpful pressure on teenagers to ignore their own emerging authority. Take the example of an adolescent who becomes discouraged from attending to hunger due to social mores. Here the new thinking might go something like this: ‘hunger equals thin which equals good or beautiful; whereas satisfying my appetite equals fat which equals bad or ugly.’ In such cases development is thwarted. Without going into the complexities of anorexia one can see how this scenario has the potential to affect extension of the Lifespace, through curtailment or restriction of the process of disembedding.

Thus childhood experience hitherto has been organised through a process of introjection. Joe Kepner (Kepner, 1987) has described two complementary ways of adapting to toxic introjection. Teens may develop a coping style that is ‘under bounding’ – giving up their own needs to attend to the other. This carries a risk of becoming stuck in childhood ways and confluent with adult expectation. Differentiation feels inherently dangerous and alien. The other coping style is ‘overbounded’ – the teenager who closes down her boundaries to her dependency needs and childhood history -like Stef.

A little aside here: I note how often ‘overbounded’ teens are deposited at my consulting room with a demonising, pejorative label: ‘he’s the rotten one in our family, she distracts the class/ s/he’s just unworkable’. As a cohort the ‘under bounded’ ones usually present as more withdrawn than their ‘overbounded’ counterparts. The former often appear passively confluent within the family field. They may incur parental praise for dubious reasons: ‘ She’s so selfless, he’s always obedient etc’. What all these teenagers have in common is that their first attempts at self-authorship have ended in frustration or failure. Remember the lyrics of the song, Numb by Linkin Park?

“...All I want is to be *more like me and less like you!*”

Phase 2: Interiority.

This takes place around 15 years plus. The teenager, now on the cusp of exploring self-awareness, explores her inner world with support to do so. She tunes into her expanding, rich, inner private experience and pulls back from normal family discourse. She does this through detaching, silence or expression of anger. Personal meaning arises when her experience is owned; she starts to appreciate her capacity to make personally congruent choices and her actions become meaningful more for their personal relevance than for compliance with environmental expectations. As the boundary with external social world becomes clearer her relationships assume a more reality-based quality. Interiority requires self- discovery. As Blaney and Smythe, writing in *The Heart of Development* (Volume 2: Adolescence) note, this raises certain personal dilemmas:

a) Is it more important for me to be accepted by others for how I look, than to be accepted by myself for who I am?

b) Can I swap my external image that I’ve created for others, in favour of accepting my own internal experience of self, even though the culture around me doesn’t legitimize this?

This can be a dangerous predicament; pursuing idealized standards (e.g. of beauty) can lead to sickness, yet abandoning the pursuit can also lead to loss of status or social isolation. There is thus an overarching need to develop one’s internal personal authority.

I recall my own experience of interiority; though glorious at times, life could also be confusing, unsettling and painful. Watching the teenage offspring of our friends today it is evident that interiority remains a complex process accompanied by yearning, fantasies of love, power and glory. Much day dreaming, text- messaging and journal writing takes place, augmented by late night heart -to -heart encounters on the phone or via computer.

For the literary minded teenager novels like *L’etranger*, *Loneliness of the Long Distance Runner*, *Steppenwolf*, *Lord of the Rings* or their equivalents becomes important. These portray archetypal dilemmas concerning autonomy and survival, courage and disappointment, fidelity, betrayal and revenge. Others seek inspiration from the universal and timeless accounts of loving and hating, of jealousy and revenge from writers such as Austen, the Bronte’s, Homer, and Shakespeare.

Phase 3: Integration

This final stage characterised by industry and accomplishment occurs from about 17 years onwards though for many do not begin until considerably later - if at all. The young person becomes increasingly less defended and migrates to the outside world, which is now regarded as a source of mastery and pleasure. The proto- adult takes charge of herself, ready and able to make her own way in life. Her goal becomes *interdependence as opposed to independence*; she no longer needs to regard her parents as obstructive, abandoning or as unforgivably failed and fallible. Mc Conville notes that one can tell an adolescent had entered his Integration phase when adults switch from asking ‘How’s school?’ to ‘What are your plans?’

These 3 developmental phases are recursive, non linear. However, without sufficient environmental support, things can go seriously awry.

The adolescent Field: teens come with a family...

Adolescence takes place in a context. The teenage client comes with her own developmental history. Importantly she is part of a family milieu or culture with its own expectations, allowances and restrictions. Unlike adult clients who take themselves to therapy, it is usually a concerned caregiver or teacher, following a crisis at home or school who brings adolescents to see the therapist. This raises issues over *who* is consenting to treatment.

Moreover, to a far greater extent than is the case in adult psychotherapy, counselling young persons brings the counsellor or therapist into contact with familial social issues even social breakdown. The family field may include alcoholism, abuse, violence, mental illness, desertion/jail, illness, unresolved step- family situations, cultural issues, and religious concerns. Any of these may affect differentiation; in all cases sensitive judgement is required to consider whether and how a therapist needs to become actively involved to foster ‘good enough’ child welfare within the family or promote effective life-space development.

Most adolescents entering therapy have already experienced considerable psychological pain. Unable to cope with these feelings they interrupt sensation, affect and the developmental process, increasing stimulation to high levels. They ‘turn up the volume’ seeking distraction through risk- taking, vandalism, truancy, promiscuity, drug -taking or self-harming. Whatever the means, the aim is to reduce or blunt affect, thereby easing overwhelm. As Mc Conville observes:

“ During an afternoon of shoplifting, truancy or speeding one is unlikely to experience the emotional pain of loss, failure or rejection!” (McConville 1995, p91).

The therapist’s initial task

“Adolescents present the clinician with a vexed complex interpersonal situation rather than symptoms.” (Mc Conville).

Here the wish to disconnect from personal pain arises variously from feelings of alienation at school or at home, experiences of difficulty with conducting social interaction, or of problems encountered with regulating emotion. Adolescents with particularly poor contact skills often appear visually frozen, insensitive, guarded or aloof. Usually they have detached from their own emotional experience as well as that of the surrounding social environment. The biggest challenge is getting such teenagers to engage in therapy. In assessing whether therapy is viable, one needs to bear in mind the following:

1. Is the teenager sufficiently concerned about his/her behaviour for a trusting relationship to be built?
2. Will the family support change?
3. Is there stability and safety in the present living situation?

I mentioned before that early adolescents could organise in a way that leaves them enmeshed or entangled with the field of childhood experience or conversely, overbound by disengaging completely from this field. The type of structure that the family adopts similarly affects adolescent disembedding. Overbounded families tend to favour restriction and confluence over differentiation. I sometimes encounter this in strongly patriarchal families where maintaining 'family honour' is key. Or where parents operate from the assumption that to love their children all must be treated exactly the same. 'Angry George' was a feisty fifteen year old brought to therapy following heated arguments at home over limit setting. He was second eldest of four sons who attended music schools. Their highly structured family life revolved around auditions and orchestras. George loved playing the oboe though really missed hanging out with friends; latterly he had felt increasingly constrained within the 'hot house' atmosphere at home. When parents overruled his requests for more autonomy arguments flared up resulting in a standoff. My work with George involved helping him express and channel his frustration productively and more wisely. In his bid for independence he needed to gain awareness of which battles were worth fighting for and when backing away from conflict might serve him better. He also came to acknowledge that his parents were responsible for and arbiters of some aspects of his life- at least whilst he remained under their roof.

The existentialist therapist Irving Yalom refers to 'instillation of hope' being a cornerstone of any effective therapy; George drew comfort and hope from hearing his thoughts and feelings received and validated by me, along with a modicum of healthy challenge. He also needed more support from his parents in moderating their limit setting to take account of his specific developmental needs. (Author's note: for reasons of time this example was omitted).

So much for overbounded families. By contrast underbounded families maintain few boundaries or rules; within this seemingly libertarian stance everyone may do as they please. Yet this does not support developing youngsters either; there is an absence of encouragement towards striving to achieve and grow. Security may be non-existent; where youngsters have become abused or neglected most experience a fundamental lack of personal safety. Indeed often the very people designated as their protectors have

violated their personal boundaries. The emotional upheaval, intrusiveness, and betrayal that accompany child abuse are disorienting and interfere with the young person's self-development.

Whatever the reasons that bring young persons to see us, generally therapy aims to support and promote the developmental process (McConville, 1995; Oaklander, 2000 personal conversation). Therapy with adolescents is essentially about replacing disconnection with good contact. As Gestaltists our understanding is that healthy contact takes place at the boundary where the individual meets the world (Perls et al 1951, Wheeler 1991).

Anger is at the root of many disturbances

Violet Oaklander describes anger as the 'most misunderstood' of the emotions. (Oaklander, 2005, 2007). It receives 'a bad press': as children we are told that it's wrong to be angry. Consequently we learn to avoid that feeling, albeit often at considerable personal cost. Yet, as Violet reminds us:

“ Anger is an expression of the self, and the self is reduced when one inhibits anger.
“(Ibid)

As I mentioned earlier, adolescent anger also has serves a particular function (Mc Conville, 1995). Whilst the vulnerable adolescent brain is undergoing massive 'rewiring' angry expression provides a means of protection against implosion whilst teens remain unable to own contradictory attitudes and beliefs. Skewing reality helps support the fragile self: projecting an inner conflict onto the wider field of family, friends or community reduces troublesome internal. Deflecting is another wonderful way for teenagers to keep burdens at bay. Probably all of us know how it feels to be on the receiving end of someone's anger; in the wider public context where confrontations with adolescents take place many adults rarely stop to question the significance of the skirmish. Faced with provocation there is often a place for retroflection and reflective responding by adults rather than simple reactivity; the benefits lie in helping in maintains relationship, to mutual benefit. Sometimes this is easier to

At this point I want to give as illustration some examples of working with teens in therapy. The first is a disembedding stage girl- whom I will call Alicia. Those of you who teach will know how quieter pupils tend to attract less attention; a shy child experiencing problems may suffer in silence whilst their noisier counterparts take centre stage. This was the case for Alicia who had suffered a major loss. Feeling unable to share her bitter and wretched feelings with others Alicia expressed her anger indirectly; now and again it leaked out in the form of subtle dissent.

Alicia (12). “ Do I have to come here?”

Alicia was referred to my private practice by her parents, following her nine-month history of panics, mostly at school during break times. She complained of teasing in class whilst her usual high -quality work had deteriorated. Teachers had noted with concern a new picky and self -critical side to her nature and her loss of enjoyment in life. A promising oboe player; she had suffered a traumatic loss the previous year: her

music teacher killed in an air crash. Unable to mourn his death, Alicia seemed quietly depressed; she was having difficulties concentrating in class and had lost interest in friends and activities, even playing her beloved instrument. She seemed ambivalent about attending counselling sessions though wouldn't go against her mother's encouragement to 'give it a try'.

Alicia's moments of rebellion in therapy often took a quiet form; she initially deflected when I sought to engage her and took to surreptitious clock watching; her participation was half hearted and she frequently asked- 'how long have I got?' Or 'When can I go?' I pointed out that, having taken the trouble to get here she might as well use the time to her advantage. She would agree with reluctance: her mind perennially seemed elsewhere. She thawed a little once after owning her dislike of focussing on her difficulties – particularly her fainting – for fear of this sparking off another episode.

I sought to find ways of engaging her that might be more enjoyable and achievable, using drawing exercises and making lists of her likes and dislikes- to boost her self-esteem and sense of self. To all of these she gave cursory attention; she sat looking preoccupied though resisted my attempts to draw her out. She seemed determined to get by through minimal participation - just enough to avoid causing a stir.

In the fifth session I introduced the sand tray, and suggested Alicia set out any scene that was of interest to her. To my surprise she engaged more keenly and swiftly began placing miniature objects to make a series of scenes in the sand. She began light heartedly though moved on to darker themes- placing the helicopter on its side '...they crashed in the mountains – I think they flew into bad weather and the propeller thingies went bust ...'. I gently assisted her in establishing a dialogue in the sand between herself and the others, including her music teacher, using role-play. Initially she was resistant:

“ No WAY am I going to do that – its just too weird!”

‘Humour me!’ I replied, and showed her what I meant.

“ Well alright – but it still seems strange.” she maintained, then turned back to the sand tray “Hi everyone, its me, Alicia, I ‘m so sorry about ... (cough) ...love you all - goodbye, God bless! That's it- phew! ”

She hurriedly exhaled, turning towards me and flashed a relieved smile, Noticing her twirling her 'Alicia' figure around her finger I asked “ What now?” Alicia returned to the sand and slowly buried her teacher, his wife, their baby and the pilot. She sat for a moment, sad eyed, rocking on her haunches, surveying the scene then bowed her head and began a prayer sotto voce (God bless mummy, God bless daddy.) adding her teacher's family and the fallen aircrew to her roll call. She smoothed the surface sand and fashioned a cross out of pipe cleaners, which she placed in the corner. Deftly retrieving the figures she carefully dusted them down, stroking them with her fingers before the session ended.

The following week she asked to use the sand tray again. After placing the helicopter upside down she constructed a shrine to her music teacher and his family. Using miniatures again she re-enacted the air crash in slow motion, and then began to weep. We

talked about how much she missed her tutor, of her angry helpless feeling that there was nothing she could do to remedy the tragedy: the misery of knowing that he and his family had perished in such awful circumstances- ‘ It must have been terrifying’ –she mused. Touched to the core by her work I began a conversation with Alicia eliciting her understanding of what happens in death and tracking her thoughts concerning belief in an after-life. Later whilst looking away she owned feeling guilty about restarting the oboe with her new tutor- whom she compared disparagingly with his predecessor: - ‘He’s not nearly as good as Mr Richards- I don’t like him anyway!’

I reflected with her on how her dead teacher might understand and sympathise with her predicament. I speculated further that, were he to know this, he might be glad to learn that she continued her love of playing the oboe. Alicia listened then swiftly made another scene in which her two tutors talked to each other about the situation. As she concluded their dialogue she shook herself softly and sat up looking thoughtful. Before the session ended she carefully photographed her sand scene using my camera. I copied the prints for her, which she later took home to show her family before putting them up in her bedroom.

Looking back I think that my witnessing Alicia’s story and our talking supported her with beginning the task of mourning. In a subsequent family review I suggested that *she* decide whether to ‘fire me’ or to continue. (Alicia had earlier complained about not having had any choice about starting therapy.) She opted to keep attending. As we continued exploring issues of loss, fear and frustration Alicia participated with greater attention, focus and commitment. She started to regain mastery in her life, became more robust and regained her sense of humour. When she finally chose to leave therapy her panic symptoms had disappeared and she manifested competence in asserting her needs. As her mother declared: ‘ Ali’s got her sparkle back – and she’s grown so confident too!’

Anger’s protective role

I’ve mentioned that anger has a protective function in adolescence: the early teenage brain cannot handle personal inconsistency and isn’t ready to respond empathically to others. At this stage putting oneself first becomes part of extending one’s Lifespace, without this teenagers may never achieve satisfaction of their wants and needs. In addition to this much young adolescent behaviour aims to create a boundary between teenagers and adults. Adolescents may provoke fights with adults to gain an experience feeling powerful, though in so doing they may secretly be feeling insecure.

Some psychologists including the writer Michael Gurian dispute the need for teenage rebellion. I disagree. These battles fought at the boundary between self and other help teenagers test their courage and determination. Nonetheless the adolescent’s experience of this divide can become painful and lonely.

Teenage anger encourages disembedding

Anger provides a sense of personal solidity for the adolescent whilst supplying her with propulsion for her to ‘blast off’ in her own direction. This allows the teen an experience of brief separation from parents, whilst showing their peers that they are managing fine.

Otherwise the adolescent risks remaining confluent with parents and ultimately unable to leave the family. This often shows up when young teens fail to make successful transitions to secondary school or later, to college, weighed down by separation anxiety.

Today in the UK public knowledge about how to express anger safely is largely confined to the arena of sport. This leaves many, including professionals, ill equipped to really help angry children manage their strong feelings well. Working in a child mental health clinic one encounters many referral letters citing severe behaviour problems and requesting 'anger management'. In the UK today there is much concern about the rise in adolescent gangs and knife crime. Research suggests that many youngsters who are drawn to gangs are seeking affirmation and mirroring of self-worth that they lack within their families. The next vignette also raises questions about the kind of support families and communities need to offer such young teens.

Antonio (15): Should I stay or should I go?

Antonio, 15, was referred to me on account of his unruly, aggressive behaviour at home. During the assessment meeting with his Sicilian mother Antonio said little whilst his mother complained loudly and dramatically about his refusal to accept limits. It transpired that Antonio disliked his father who worked long hours away from home. Father could be called on to chastise Antonio though his involvement otherwise seemed peripheral.

Hesitantly Antonio began by bringing a dilemma to therapy about leaving his gang; he had recently been hit over the head with a bottle following turf wars with a rival gang. Though full of bravado and boasting his own 'mafia connections' Antonio sounded conflicted: should he carry on enjoying his high-adrenaline antics or worry about getting wounded?

"Wot d' you reckon I should follow, doc- me 'ead or me 'eart?" he queried

Earlier I referred to a teenage propensity to engage in risky behaviours. The lack of attuned relationships at home probably led Antonio to look elsewhere. The gang had become his substitute family offering him a niche and status as their DJ-mixing raps recordings. Giving all this up raised the spectre of social isolation; moreover without the gang's protection Antonio feared receiving retribution from another mob.

The following session Antonio sat in silence frowning, freezing out my enquiries as to whether something had happened to upset him. Often teenagers use silence as a means of self-protecting against showing vulnerability; sharing inner experience with an adult might seem an unnerving prospect. Antonio experienced most adults as unhelpful: sullen silence was his way of catching the unwary off guard; if I responded to his provocation however the chances were that he would retreat.

As the silence grew longer I sat with my frustration, remaining curious as to what was really going on for Antonio. After encouraging him unsuccessfully to say what his anger was about I switched tack suggesting we either stop for now or switch to playing a board game about life-dilemmas over which I'd value his feedback. I reached down Gardner's

psychotherapeutic “Talking, Feeling and Doing” game³ and Antonio opted to stay. He drew a card that asked him to talk about something he regretted, then spoke about his ambivalence to ‘gang life’- weighing the excitement of tribal membership ‘against his fear of further attacks. He experimented with speaking out these polarities whilst walking between the corners of my office. Whilst contemplating leaving the gang- his face went ashen and he started to shake. Antonio rounded on me tersely: ‘this is doing my head in’. I fed back how scared he seemed of staying with his gut feeling at that moment.

Antonio began to cry. He told me how the other gang had ‘jumped’ him and his gang mate Midge in an alley a year ago: they stabbed Midge and ran off laughing. Shocked and scared at seeing Midge lying bleeding, Antonio too had bolted. Midge had made a recovery though his parents blamed Antonio for leaving him and had banned the boys from associating henceforth. Midge’s family had left the district soon afterwards. Antonio began carrying a knife and switched to going on the offensive to avoid being caught napping again.

‘Whaduido now, man? He expostulated.

What does your heart say? I countered

‘I like the fighting don’ I? – It’s- like showin yer honour, like they do in Sicily an’ stuff; if you beat the crap out of that lot you show them who’s boss... you win. You feel like alive an’ no one messes wiv you no more.’

Ok- and what does your head-say?

‘Maybe I should stop it. I could get hurt real bad next time or whatever... I must keep looking over my shoulder all the time - lose them, arrgh! I wanna hang with my guys and spin my decks... I don’t need all this grief.’

We discussed Antonio’s guilt over not helping Midge and how he missed him; also how edgy he had become lately- always perceiving someone as out to get him or lure him into danger. As my empathy for Antonio grew, I could see beyond his façade a frightened lad struggling to establish boundaries and keep his integrity intact.

Peter Mortola, who works with adolescent boys in Oregon, talks about the importance of helping boys stay ‘out of the box’- i.e. not caught up in traditional, rigid ways of expressing their masculinity. Lads like Antonio need therapists who can be mentors, i.e. who connect with them, see beyond their bravado and realise the adolescent’s yearning for real relations with other peers. . One needs compassion for the dilemmas boys face, and to invite rather than impel them into activities/ action (Mortola, 2008).

It is not an easy task: “Gender- conservative” boys who bully often come from traditional models of males as aggressor (ibid); usually they fear becoming feminised or

³ This is an immensely useful game that helps overcome barriers to communication or engagement in the process of therapy commonly experienced by many disaffected or anxious children. Therapists may purchase it online.

accusations of such, and worry secretly about reaping punishment from their 'high risk' peers if they act against type. It may take considerable time to build enough trust within the therapeutic relationship before they come to realise it is acceptable to cry, to have feelings for others without this seeming shameful or wrong. (Ibid)

Antonio had limited ability to regulate his emotional exposure to traumatic content; at times he appeared to wallow in being 'a bad boy', associating himself with the gang's thuggery. As a stimulus seeking, edgy teen with a trauma history to boot, his default coping style was overbounded – yet by affecting a macho stance and perceiving danger at every turn he hurtled away from nourishing contact and had no energy left to learn. Part of my role was to help him find a more effective balance between avoidance of his feelings and flooding; to begin to self-regulate. I had to recognize his need to build our relationship slowly and initially indirectly. Above all Antonio needed to know that I liked and respected him – despite his provocations.

He found making eye contact unnerving and initially needed to fiddle or doodle while I talked with him, I have no problem with this: often young clients seem more able to focus and relax when they are occupied. I decided to share some of my experiences of dealing with the 'crew' – a local gang of thugs during my growing up first– using what Steve Zahm calls 'judicious self-disclosure'. This in turn helped Antonio talk from an authentic, heartfelt place about his vulnerability- something he concealed from his parents and had given up trying to alter. A lot of our work consisted of ordinary conversations, helping him to reality check. This helped Antonio readjust his 'seeking system'- away from overdrive, rendering him much less paranoid.

Antonio probably needed a more attuned form of fathering than that which he currently experienced. Though initially wary of my suggestion he allowed me to broker a three way meeting with his father to discuss 'male issues'. This brought some mutual understanding and rapprochement. Antonio decided to discontinue sessions though agreed to a review the following term. By that time he had acquired a new girlfriend who made it clear she was not enamoured of his associations with violence. Accordingly Antonio left the gang at her insistence. At the review he seemed a happier lad, more settled and less edgy. What did therapy achieve? If nothing else it kept him out of trouble and staying with the process of thinking out his real wants and needs.

The Impasse and the Void...

I want to consider now what happens when adolescents become seriously stuck. Perls used the term impasse to describe the feeling of being stuck and lost. Chambers dictionary describes an impasse as a deadlocked place, within which one is incapable of experiencing injury or emotion. (It derives from church Latin: impassibilis meaning not to suffer.)

For Fritz Perls the impasse denoted nothingness and emptiness, marked by a phobic attitude – avoidance: In his 5 levels of neurosis model Perls described the impasse as occurring before the final implosion layer. He suggested that people go to great lengths to 'a-void this void':

“...We don't want to go through the hell gates of suffering: we stay immature, we go on manipulating the world, rather than suffer the pains of growing up.” (Perls 1969).

In Perlsian therapy, the (adult) client was exhorted to stay with his experience of boredom, despair and dread, whilst keeping his senses open, until he could perceive his impasse as predominantly catastrophic expectation i.e. fantasy rather than his real existential situation. During this time the therapist frustrated all attempts by the client within the session to manipulate the environment and especially the therapist himself, encouraging awareness of present experience instead. In his book *Gestalt Therapy Verbatim* Perls observes a client's discomfort and fear on encountering a stand off; he rounds off an episode, hoping to heighten the client's awareness of what is

“Well I want to finish here. All I can say is, you are a beautiful example of being stuck.” !! And he lists the ways.

Phillipson (1997) analysing Perls' 5-layer model of neurosis describes the 'death layer' not as an end point, but rather as offering 'a door to authenticity'. We are capable of moving through an impasse when we give up trying to alter ourselves and instead accept who and where we are, adopting Beisser's change paradox. Like the childhood rhyme, we can't go over it; we can't go under it, we've got to go through it- or more accurately, stay with it!

An example from popular culture of an impasse is found in the film "Groundhog Day". Here the central characters encounter a standoff and go through the painful process of jettisoning their illusions and fantasies. Reporter Phil Connors discovers he must relinquish his egocentrism and his tendency to manipulate. Eventually he arrives at the essence of what he is. Awareness strikes him like a revelation, enabling transformation. Tired of the isolation created by his old self, Connors declares, "I've killed myself so many times I don't exist any more." Now he feels ready for change, to face his impasse *without* fear.

Something that was missing perhaps from both the film script and Perls' confrontational style was an understanding of the process of shame -what Kauffman (1980) calls 'the sickness of the soul'. Today as therapists we are familiar with the binding affect shame has on the whole self: eye contact becomes unbearable, the head is hung, spontaneous movement ceases and speech dries up. As Bob Lee, writing in 1996 observed, when we experience shame we feel exposed, extremely self-conscious and tormented by self-scrutiny.⁴

Shame, that which Wheeler calls 'a break in the field of self -experience' may well be part of the fear observed at a place of impasse (ibid p52). To voyage through lives vicissitudes requires a measure of faith and self-belief; we need to be self-supporting to survive encounters with the void. When I encounter a place of dread I tend to feel unsupported, with little faith in my ability to survive or to get help. By contrast when I

⁴ See Lee's book entitled *Voice of Shame*, p4.

feel supported by someone, or in a state of grace, or fortunate, my experience is usually of feeling connectedness with others.

It is my contention that many teenagers experience a kind of ‘meltdown’ in which they become totally overwhelmed by experiences of fear or dread that go beyond the standoff or stalemate associated with an impasse. I believe this fear, which may incorporate shame, is of a higher order of magnitude than that commonly experienced by adults. This is because of the additional load borne physically and mentally by teenagers whilst they are undergoing profound developmental change. We can think of this conceptually via the following formula: An impasse + terror = an Abyss.

Defining an Abyss

. Does this make sense? Can you relate to this? Let me give one more example, this time from personal experience.

At age 13 during the summer holidays I went climbing cliffs with Andy, my best friend in a coastal area unknown to us. After climbing an overhang near the waters edge we suddenly noted the tide coming in quickly. We needed to jump across a chasm to get to safety. Andy, who was more athletic, jumped first and landed well; viewing the vast drop I hesitated for what seemed like ages, experiencing a prolonged moment of paralysing fear. Andy reached back holding out his hand towards me though I didn’t trust myself to simply grasp it and survive. I kept scanning the scene looking down, across and back again: my legs turned to jelly; I could hear my heart beat racing and my chest over breathing. Even now I can feel the experience though it happened so long ago. Seeing the oncoming tide sweeping in increased my sense of panic. I somehow propelled myself across the chasm, clutching Andy’s hand though slipped in the process; Andy finally hauled me to safety and I lay on the bank relieved, though shaking with nausea.

In my work with teenagers I encounter some who experience such stuckness at moments of great fright; in the face of their Abyss they may rigidify, detach or become phobic. In the case of Stef this played out in impulsive, compulsive risk taking. (For an example of a phobic type panic see my vignette of electively mute Kris in the aforementioned BGJ article). Simon & Garfunkel are perhaps singing of life after an Abyss when they advocate armouring up and shunning contact: ” A rock feels no pain. And an island never cries.”

Leon Wurmser a psychoanalyst writing about the Abyss in adolescence in 2003 refers to the experience of a double self, a double reality. Here the abysses encountered are usually those of contradictory values and ideals, of opposing contents of shame or guilt. Sometimes there is conflict between the sense of a deep inner hell that is unspeakable and unnameable and that of a hollow or empty appearance- as was experienced by the person in my last vignette, Zaid. Absoluteness of judgment and its correlate, ‘soul blindness’ toward the other, is the opposite to empathy towards the inner reality of the other. Soul blindness by the other creates massive disturbance in us. The moment an adolescent loses face is seen as incompetent, child- like, uncool or wrong, they encounter shame.

What is needed to regain safety following such a fall from grace? The young person needs to be reached for, to have their fear/shame acknowledged, to go slowly sometimes, or to receive appropriate support from another before venturing further. To this end belonging to something larger than one is important – a family, a group, where one can achieve enduring, nurturing relationships that enable rootedness. In Gestalt therapy we talk of the transition from receiving environmental support to becoming self-supporting. My next example portrays a young man who, lacking support had fallen into an Abyss.

3. Zaid (17): You can't help me- Can I stay?

Zaid contacted me on the advice of the telephone helpline “Child line”, after taking a serious overdose of paracetamol. His clandestine relationship with an older boy had ended abruptly with the latter rejecting him, denouncing him as ‘queer’ in the playground. Ashamed and devastated at becoming the subject of peer ridicule Zaid had swallowed the tablets whilst at home alone. After feeling sick he had later dragged himself to hospital where he was assessed and referred on to our service. I saw him the following day.

Zaid told me he felt glad to have survived though confused and humiliated about the affair. He had been devoted to the older boy and had felt choked up inside following such public rejection. He had barely known his father, a strict man who had died suddenly years ago following a business trip to his native Pakistan. Mother and son had moved in with paternal uncle whose adult sons resented Zaid and treated him roughly- bordering on assault. Zaid had since retreated socially; he passed the time watching Michael Jackson videos alone –identifying strongly with the pop star’s ‘wronged- messiah’ type persona and perfecting his theatrical make u technique. Z wanted to escape from local town life and dreamed of becoming a successful male model. He dressed flamboyantly wearing designer clothes paid for from his Saturday job.

Throughout Zaid would sweep in late, sometimes with a new hair style or extravagantly made up; ‘How do I look?’ was his usual opening statement? His manner was grand, with a sense of entitlement; he often came late yet frequently complained of ‘mistreatment’ when I insisted on keeping to our time boundary. Once he spent twenty minutes lamenting his lack of opportunity to talk, after arriving for his counselling hour over thirty minutes late! It was as though nothing I offered was good enough or acceptable to him. I shared with him my sense of his garrulous urgency and wondered whether he had a sense of living on borrowed time? Zaid thought not, yet continued to barely let me get a word in edgeways.

I fed back to him that at times I seemed to be facing a firing squad. His response was to shrug and unleash more volleys of disapproval. He wouldn’t ‘ceasefire’ long enough to hear my side of what was being generated between us. It was unclear to me how therapy at could be of benefit to him this point though clearly he seemed to be getting something from coming and venting his spleen. Indeed if Zaid turned up on the wrong day or twice in the same week he might refuse to leave before I greeted him; sometimes he harangued the secretaries when I was seeing another client or away from the clinic. Meanwhile he was getting into debt purchasing expensive beauty treatments, and arranging

photographic sessions for his modelling portfolio. He had developed a dysmorphobia and would agonise at length, over which parts of his body needed improvement.

When Zaid put my name down as surety for having cosmetic surgery I challenged his behaviour directly as thoughtless and invasive of my privacy. Moreover, I pointed out, how on earth would he finance repayments without a job?

'I don't want to be part of something that gets you into financial difficulties- that wouldn't be acting in your best interests.' I added.

Zaid burst into tears and sobbed, owning 'feeling like trash inside- the designer clothes couldn't staunch the flow of his self loathing:

"I'm just worthless," he muttered, over and over again. At this point he abandoned his barrage of words; I empathised with his plight softly and acknowledged his predicament: how to begin to accept himself and his identity, to validate his own needs and wants, within a contradictory and often negative environment. Z looked at as if seeing me for the first time, and therapy really began.

Yontef makes the point that in most psychotherapy the impasse is circumvented by the therapist providing external support, as the client does not discover enough self-support. In Gestalt therapy, however clients can get through the impasse because of the emphasis on loving contact without doing the client's work, that is, without rescuing or infantilizing. (Yontef, 1993)

Allan Singer, writing in 2001 (*The Heart of Development: Volume 2*) on supporting the development of Gay, Lesbian and Bisexual adolescents suggests that the task of normative adol development is more complex because the field is more 'anxious and contradictory'. Moreover: "In particular the emergent sense of oneself may be of a self that needs to hide from contact in order to survive." (Ibid) Here I am reminded of Wurmser's double self; the process of coming out to himself was hard for Zaid and accompanied by shame over feeling different from his hetero classmates. At home within his uncle's family there was also a lack of support: here same-sex relationships were denigrated, leaving Zaid feeling nervous about who might discover his true sexual identity. Since declaring his feelings had lead to such public humiliation Zaid remained understandably anxious about self-disclosure.

In retrospect I think my refusal to sanction his surgery both propelled Zaid further towards encountering his Abyss and yet reached him- a form of tough authentic love that finally enabled us to forge a dialogue. This in turn enabled Zaid to begin owning his anxieties about 'coming out', and his concerns about being 'good enough' to attract a mate. As Singer points out, the task of re embedding the self within a new context – as Gay or Lesbian is conflictual in that the move away from family of origin requires a concurrent move both toward and away from the wider peer group' (S, p185) There is a need to experience belonging somewhere. Taunted and teased at school after being 'outed', Zaid really needed his own sub group though struggled to find one locally. He refused to deny his identity and instead played up to his image by dressing outrageously and wearing eyeliner to school – though his flamboyance often got him into trouble.

Zaid and I discussed strategies for him to deal with his stepbrothers and the provocation he encountered at school. He began to affirm his need to feel OK about himself and to retain some privacy – before he felt ready to ‘come out ‘to his family and the wider community.

What did I bring to the field for Zaid? As a middle-aged man having some distance from my own adolescence enabled me to perceive matters both from his perspective and those of his family, without over identifying with either side. This also required through my own therapy and supervision exploring areas of unfinished business – the residue of my adolescence. These included my responses to acting out, sexual experimenting, overdosing, hero worship, my attitude to and experience of bullying and being bullied. As a person I bring my humanity to the encounter, my interest in and recollection of the turbulence, ecstasy confusion and pain that can accompany adolescence. Also a quirky sense of humour, and 54 years knowledge and experience of surviving in the world. Generally though my inclination was to keep such advice –giving inclinations to myself except when Zaid sought this through a process of lively contacting.

Adam’s (16) Injury: The Abyss of Disability (*Author’s note: due to time constraints this final vignette was omitted from the talk*)

A 16-year-old lad was recently referred to me for counselling by a psychiatrist colleague at the clinic. Adam is an only child who lives alone with his highly anxious and enmeshed mother. I don’t know exactly what happened with father – though gather he spent years in jail and has remained out of touch since Adam’s birth. I have seen Adam six times now, on a fortnightly basis; despite a diffident start he now looks forward to our sessions.

Adam suffers from a cluster of congenital, inoperable spinal difficulties, hydrocephalus and scoliosis, recently made worse by a sudden degeneration in his neural function that has left him hemiplegic. He has endured three delicate brain operations within as many years; sadly a cost of this surgery has been that he Adam has become more learning disabled. He wears a back brace, experiences sudden severe headaches and dizzy spells at random. Adam experiences great difficulty with dressing and washing himself. No longer able to cycle or roller blade for fear of further damaging his back, he has been through terrified and distrustful of doctors and Health personnel: his fear of further injury is experienced seems like a point of abyss leaving him sometimes feeling like ending his life. .

The therapy aspect of my work involves just being with him, helping him explore his sense of himself, his experiences of pain, his sense of terror when this suddenly breaks out, his helplessness at needing to be woken at night to take analgesics. He is fearful of making forceful movements that might exert torsion on his skeleton; accordingly I try to design ways in which he can express frustration safely that feel satisfying nonetheless.

What helps Adam when he encounters an abyss in the consulting room?

Sometimes during times of great fear or pain reminding A that he has borne these discomforts and survived is of little comfort. Showing him how to rub out /trample over his adversity (by grinding his sole – visualised as ‘pain’ or ‘these bloody headaches’ into the carpet) sometimes hits the spot for him. At other times naming the source of his frustration then crushing/ ripping up paper emitting a deep growl is satisfying for him, Sometimes practical advocacy measures are needed; on one occasion, with permission I rang the GP to enquire into his prescribing longer acting analgesics so A and his mother could have some uninterrupted sleep.

Lately Adam sounds more optimistic, daring to hope that he may avoid further surgery on his spine. We talk about and celebrate his coping skills and his accomplishments. Not long ago he returned from a school trip to Austria, his first experience of living away from home, during which he learnt how to ski, traversing slowly over the nursery slope. He deepened his friendships with classmates for the first time in years. As he recounted this I felt delighted: I had never seemed him so enthusiastic and aware of his capacity for mastery. When I commented on this aloud a huge grin spread over his face. (I had never seen him smile hitherto).

Adam has since started a building course learning about construction; last session he proudly showed me a photo of one of his assignments, a chimney he built from bricks. He has grown an inch and his body is increasingly looking like that of a young man. Despite his hemiplegia Adam is learning how to expand his Lifespace... he stands up next to the mountain!

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