

MOURNING IN ADOLESCENTS AND THEIR PARENTS

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Often during my clinical work with adults and children, I wonder why it is that parents who seem more than capable of managing their young children, even those children who are severely disturbed, can yet experience overwhelming feelings of fear in their interactions with these same children as they undergo the ordinary process of puberty/adolescence. In terms of object relationships the adolescent-parent scenario is a very peculiar one, because both sides of the relationship go through a similar set of depressive anxieties, with a specific need for closeness and understanding, but neither of them is in a good containing frame of mind. It is a stage for parents and children of intense narcissistic demands, and ideas related to care and the reparation of objects sound like an impossible proposition to both parents and adolescents.

ADOLESCENCE

Entering the adult world means the final loss of childhood. The changes which take place during this stage in human development mark a basic change in the quality of the relationships with the parents and with society. During adolescence there is a war between dependence and independence, and as in any other war there are casualties. The end result will to a large extent depend upon the degree of optimistic outlook, that will lead to the individual's independence experienced within a framework of healthy dependency.

All physical and psychic changes are uncontrollable for the youngster and mean the loss of his or her infantile identity. This loss necessitates an intense search for new object relationships outside the family environment. There are three different sets of losses in adolescence:

1-The "loss" of the infantile body: there is disharmony in the physical growth of adolescent's body where intense persecution takes place, yet there is no clear image of the final product.

2-The "loss" of the infancy parents: these were the parents who knew everything, "and were smart enough to be able to provide all the answers, but now all of a sudden know nothing." (a quote from many adolescents in treatment)

3-The "loss" of the infantile role: a child who felt protected both in his limitations and achievements, and whose freedom and curiosity were encouraged, feels now that the same freedom and curiosity pose a threat to the adult world and that this world expects him to repress them. Freedom in adolescence expresses itself in many areas: space, use of time, thinking and love.

Parents displace their anxieties about their children's identity when they try to establish boundaries on their children's use of time and geography. They give themselves a false sense of security by setting these boundaries, displacing the fears of the emerging identity that they can't control with elements in which they do have some control. When they lose control of even these external factors, parents "choose" to think that they don't know whether the children are in the cinema or at some friend's house, instead of thinking that they don't know who their children are. Not only do adolescents suffer the pains of growth and loss, so do their parents, who seem to find unbearable the loss of the young child.

Given the degree of loss described above, it is understandable that adolescents experience uncertainty, where anxious depression seems to be the rule. There is a regression to the splitting processes characteristic of preoedipal and pregenital stages.

Donald Meltzer says: "The developmental pathways which traverse this world of adolescence lead from splitting in the self to integration in relation to objects which, also by integration, are transformed from a multitude of part objects to a family of whole objects in the internal world". The new family for the adolescent is the gang. This is a flight into group life where parts of himself can be projected into the various parts of the gang." ("Socialization in Adolescence" in Sexual States of Mind.

There is also a breakdown of obsessional defenses, typical of the latency period during which splitting prevented anxieties. Confusion between internal and external, male and female, good and bad severely impairs working through this transformation. As a result, adolescents seek refuge within themselves and privacy appears as a fundamental protective mechanism. There is a move from the homosexual gang formation of puberty to the heterosexual pairing group with narcissistic characteristics. Parents who can be reasonably in touch with their children can learn a lot about working through losses and fundamental changes in life, which can help them come to terms with the normal "abnormalities" of adolescence. What makes this process even more challenging for the parent is the fact that the typical parent of an adolescent is being caught by the vicissitudes of adolescence during his or her own mid-life crisis.

MID-LIFE CRISIS

"The reactions (during the mid life crisis) range all the way from severe and dramatic crisis to a smoother and less troubled transition, just as reactions to the phase of adolescent crisis may range from severe disturbance and breakdown to a relatively ordered readjustment to mental and sexual adulthood. Elliot Jaques in "Death and Mid Life Crisis"

It is a moment in life during which we begin to see the reality of death. In order to survive this change we need to rework-through primitive anxieties of the depressive position. It is the time to mourn our parent's death, and we start feeling that "there is nothing between us and the grave" E. Jaques, same as above.

Under normal circumstances parents acknowledge the fact that there will be many unfulfilled expectations in their own lives. It is the end of delusional beliefs related to endless life and fertility. Time acquires a dimension that is directly related to their children's growth and their own parents' death. The concept of fertility takes on a new dimension as it is viewed in terms of personal creativity. To help the adolescent to acquire autonomy and mature dependence becomes inevitably part of the parents' personal growth.

The road to mature dependence has far reaching implications for the family dynamic. For example, each member of the family is part of a projective screen for the others. The increased autonomy of the adolescent deprives parents of this projective screen and inevitably increases the anxiety within the parental couple that is left "alone" to deal with their own problems.

E. Jacques says: "late adolescence and early adult idealism and optimism accompanied by split off and projected hate, are given up and supplanted by a more contemplative pessimism. Beliefs in the inherent goodness of man are replaced by a recognition and acceptance of the fact that inherent goodness is accompanied by hate and destructive forces within, which contribute to mans misery and tragedy." The working through of the mid life crisis necessitates revisiting the issue of infantile depression; this also applies to the adolescent children.

In Bion's terminology, what I have described can be considered a new dimension of maternal capacity for reverie that is triggered by the entrance to adolescence, and to the mid-life crisis, both at some unconscious level equated with birth, the birth of a new relationship that if well negotiated leads to something everybody can enjoy.

CLINICAL PRESENTATION

I would like to introduce you to my patient Paula.

She is an 18-year-old adolescent who started analysis at the age of 14. Her parents "could not cope with her." Until then she had been a nice pleasant girl and "suddenly" became nasty, arrogant, out of touch, violent and depressed. She was adopted two days after her birth. The adoption was decided due to her adopted father's infertility. This was not a legal adoption and the adoptive parents managed to register her as their biological daughter. The baby's mother was a healthy adolescent; they had never met. Paula's parents adopted another child after four years. Tommy is now a very disturbed adolescent, almost psychotic.

Paula was a beautiful pleasant baby who developed normally; she loved her parents and performed well at school. The truth about her origin was never kept secret and her earliest memory about this information is from when she was three years old and there was talk in the household about adopting another baby. Although she knew about the adoptions she never thought much about it nor did she consider it a source of difficulties. At the time she was referred to me she refused to do any schoolwork and used to fall asleep during classes.

Coinciding with the assessment interviews, the mother was scheduled for a facelift operation during which she almost died. Although there was a complete recovery, it was a frightening experience for Paula, who thought that her murderous feelings towards her mother were about to materialize, and she could not forgive her mother's inability to "age in peace."

Paula's analysis started soon after this episode. After a couple of months of analysis Paula became so violent that I had to refer the parents for some professional help (couple's

therapy). The physical violence was such that father could not restrain her. While this was going on, the analysis was taking place in a rather relaxed atmosphere. Paula never missed a session, was very punctual and for all practical purposes, hers was the analysis of an ordinary adolescent.

The content of the analysis was very much what I have been trying to describe in this paper, namely, the loss of her infantile world, of her infantile parents, and of the nice, pleasant, beautiful girl she always had been. But she also started to think about the adoption and became enraged at the thought that her adolescent idealized mother was robbed of her beautiful baby instead of being helped to keep her. Paula became then sexually promiscuous, which at the time I interpreted as her attempt to "recover" her adolescent mother through a pathological identification. She equated promiscuity with fertility. The transference countertransference experience was of a mother-analyst exposed to the anxiety of her blooming sexuality, for which she needed a lot of help. She also considered me as an aging mother incapable of working through my own anxieties without risking my life and exposing her to abandonment.

Paula had three simultaneous mourning processes to work through. The mourning of her biologic parents, the loss of her adopting parents as a child and the loss of the role related to her own developmental stage. The analysis of her mourning process helped her to slow down her frantic sexual acting out, and she managed to bring material to the sessions that showed a lessening of splitting and a better capacity to symbolize.

A few times she came to my office with friends who waited for her in my waiting room, or sometimes came into my office with her. They were the concrete bits and pieces of herself which were not usually in a session. I was forced to accept the situation knowing that at a later stage in the analysis she would complain for allowing this to happen.

During the final stages of the analysis she brought a dream that I will present to you. However, as we proceeded to analyze it, she changed her mind and said that it was not a dream, it was something like a "day dream". Then she changed again and said that it was a real event.

She was going to have a blood test, and fainted. She was alone. In fact there was a nurse with her that left the room. The mother was in the waiting room. When she recovered she saw two columns, looked up, and realized they were her mother's legs. She

saw her mother's face smiling. She thought that it was like being born to a happy mother. She thought the dream was hopeful: she could be born as a new person to her mother, and she really liked it.

At the time she felt very sad about both her biological and adopted mother. She cried and thought that she desired to change. Amongst other things, I think that the last part of the dream shows the possibility of being very little and helpless and still having a mother, unlike the beginning of her life or the analysis in which she lost her biological mother in one case, and almost "killed" the adopted one in the other. Once she could "see" that parents and analyst could sustain her even in her hatred, she faced her entrance to adulthood in a much more positive mood.

The parents went through a very similar process in which they relived many anxieties related to their infertility, and the fantasy that they were given a perfect child who cured them. The three of them had to mourn a lost world. Only then could they accept each other.

I would like to conclude the paper with another quote from Elliot Jaques: "The infant's relation with life and death occurs in the setting of his survival being dependent on his external objects, and on the balanced power of the life and death instincts, which qualify his perception of those objects and his capacity to depend upon them and use them. In the depressive position in infancy under conditions of prevailing love, the good and bad objects can in some measure be synthesized, the ego becomes more integrated, and hope for the reestablishment of the good object is experienced; the accompanying overcoming of grief and regaining of security is the infantile equivalent of the notion of life."