Editorial

Adolescence—plus ça change, plus c'est la même chose?

The study of psychological development and psychopathology must always confront the challenge of distinguishing what is and has always been true about people from what is true at this particular point in time. Nowhere is this challenge more pressing than with regard to adolescence. Adolescence has been regarded as a social construct, an epiphenomenon of post-industrial society in the developed world, a byproduct of a prolonged transition to adult roles and responsibilities. However, our understanding of the neurobiological basis of adolescence has shed light on what appear to be universal characteristics of increased exploration, risk-taking, and impulsivity, with heightened sensitivity to pleasure and rewards—all characteristics that help to explain some of the typical behaviors seen during this age. Above all, adolescents are engaged in a search for meaning, a search that is bounded by the options available to them in today's world. The reality is, of course, that social and cultural factors as well as biological imperatives are determinants, and each individual adolescent must find meaning within the available possibilities. Sometimes the search for meaning involves a struggle between life and death.

In the lead article for this issue, Philippe Jeammet probes the essence of self destructive behavior during adolescence and concludes that the true motive of this behavior is not self-destruction, but survival in the face of internal and external forces that threaten the adolescent's sense of integrity and meaning. He believes there has been a fundamental shift in psychopathology as the result of changes in society. Specifically, with the loss of the societal constraints and repression that were characteristics of an earlier age, and the rise of the values of individualism and personal freedom, there has been a shift from "a pathology of conflict fostered by a repressive society towards a pathology of interpersonal relationships, limits, and dependency" (p. 215). Jeammet maintains that disorders of the self related to narcissistic injury and faulty attachment in early life occupy a central position in the understanding of these pathologies.

Similarly, Annette Streeck-Fischer traces the evolution of the concept of borderline personality disorder in adolescents and demonstrates how it arose out of the understanding of development, especially attachment processes and mentalization. While the diagnosis in adolescents remains somewhat controversial (National Institute for Health and Clinical Evidence, 2009), Streeck-Fischer, who has devoted much of her career to intensive psychotherapy with adolescents who meet diagnostic criteria for borderline personality disorder, maintains that it is a useful diagnosis, although it must be understood as a developmental disorder, that is it is inseparable from adolescent development itself. Furthermore, its expression during adolescence is culturally mediated, as adolescents employ the latest cultural fads to express their inner reality.

Dr. Streeck-Fisher also revisits the now sixty plus year old controversy over whether there is a clear demarcation between normality and abnormality in adolescence, and how easy it is to distinguish the two. Daniel Offer's landmark study, "The Psychological World of the Teenager" (Offer, 1969) seemed to demolish the idea that adolescent turmoil was normal and could, as Anna Freud (1958) had maintained, make even normal adolescents temporarily look very disturbed, even psychotic. Offer found that the majority of adolescents did not appear to be in turmoil and those who were comprised a distinct group with clear evidence of psychopathology. Although subsequently many considered the question of adolescent turmoil settled, others did not, and the term continues to resonate in the literature. Streeck-Fischer points out that developments in neurobiology that have opened a window into adolescent brain development do indeed support the notion of adolescence as a period of relative instability. Drawing on the work of Paulina and Otto Kernberg, she describes the clinical features of borderline psychopathology in adolescents and outlines a treatment approach she and her colleagues have developed. She understands borderline psychopathology as on a continuum with normality, only with more severe and longer lasting impairment.

Regardless of how one understands the pathogenesis of borderline psychopathology, patients with this disorder present particular treatment challenges. Therapists working in inpatient settings have the advantage that they are part of a team and can receive feedback and helpful support to deal with the strong countertransference feelings these patients evoke. Therapists working in outpatient settings generally lack such supports. Véronique Delvenne and colleagues describe the functioning of a long-standing supervision group and through a case example, illustrates how the group supports the work of the therapists through the various crises of their therapeutic endeavors with severely disturbed adolescents. Surprisingly, there is little written in the professional literature about such groups, which seem to be an obvious answer to the challenges of working with such difficult patients.

Supporting adolescent competence and autonomy is particularly challenging when the adolescent has a chronic illness such as diabetes. Diabetes, whether it starts in childhood or in adolescence, has a profound impact on adolescent development. The adolescent's struggle for autonomy and independence, and social acceptance by peers, is undercut at every turn by a disease that requires strict adherence to diet, insulin injections, and blood glucose monitoring, and carries with it a danger of death. Non-adherence with treatment, through attempts to defy the rules and restrictions imposed by the illness, are common. Colombini and Schivalocchi describe the psychological meaning of the illness as a persecutory object, and show how a summer camp experience for adolescents with diabetes can have a positive impact, achieving goals of realistic acceptance, taking responsibility for one's own care, and glimpsing hopeful possibilities for the future.

Jane Hur and Mayank Gupta, in their article, "Growing up in the Web of Social Networking: Adolescent Development and Social Media" look at the good, the bad and the ugly of social media with respect to adolescent development. They point out that social media is a fact of everyday life all over the world, and those who work with adolescents had better get used to it. The study of the impact of social media is particularly challenging owing the rapidly changing nature of this medium and adolescents' use of it. Although the literature on this subject is still in its infancy, they have brought together what is currently available to shed light on this very current topic.

Eugenio Rothe explores another cultural trend—the current interest in vampires among adolescents. In his article, "Vampires and Vamps: The Use of a Popular Metaphor in the Psychodynamic Understanding of Adolescent Conflict," he traces the history and psychological appeal of myths about vampires, myths that date back to ancient historical times. The recent popularity of books, movies, and television programs about vampires can, Dr. Rothe points out, be understood in terms of adolescent conflicts over sexuality and aggression.

Non-suicidal self-injury (NSSI) seems to have come out of nowhere and reached epidemic proportions (Favazza, 1998). It entails high costs within the mental health system, and treatment options are limited. The evidence base for treatment efficacy of any kind of treatment is still very limited and that much more research needs to be done (National Institute for Health and Clinical Evidence, 2009). One important avenue of research is the exploration of subtypes—perhaps with different trajectories and having different implications for treatment. Ingrid Van Camp and colleagues looked at a large sample of university psychology students—a non-clinical population that has been found to have a high rate of NSSI—and did indeed identify what appear to be two subtypes among the students who engaged in NSSI. One group was characterized by a significantly higher negative affect intensity and diminished management of emotions, while the other scored significantly higher on positive affect intensity. Others have suggested that there might be a trajectory in which NSSI begins essentially as an unwanted impulse that the individual tries to resist—what we could term ego dystonic behavior—and progresses toward a kind of automatic response that becomes impossible to oppose—a kind of addiction (Huband & Tantam, 2004). These findings need to be explored further but could have important implications for treatment and explain why treatment results are so inconsistent.

Finally, two articles remind us that, in working with adolescents, it is the therapeutic alliance that is paramount, regardless of what the psychopathology is. Colin Hollidge presents a qualitative study of adolescents' views of therapy and their therapists. The study uncovered considerable anxiety about the prospect of therapy among adolescents, who worried about stigma, confidentiality and being controlled, but came to experience their therapists as respectful of their autonomy. It is clear that the setting of the therapy—in schools—was a factor facilitating the formation of a therapeutic alliance. In a commentary on Hollidge's work, Jon Lange applauds the appreciation of the adolescents' point of view and the inclusion of their views of what about their therapists is helpful and what is not. He underscores the importance of supporting the adolescent's competence.

REFERENCES

Favazza, A. R. (1998). The coming of age of self-mutilation. *Journal of Nervous and Mental Disease, 186,* 259-268.

Freud, A. (1958). Adolescence. *Psychoanalytic Study of the Child, 13,* 255-278.

Huband, N., & Tantam, D. (2004). Repeated self-wounding: Women's recollection of pathways to cutting and of the value of different interventions. *Psychology and Psychotherapy: Theory, Research and Practice, 77,* 413-428.

National Institute for Health and Clinical Evidence. (2009). *Borderline personality disorder: treatment and management NICE clinical guideline 78.* UK, The British Psychological Society & The Royal College of Psychiatrists. Retrieved from <http://publications.nice.org.uk/borderline-personality-disorder-cg78>

Offer, D. (1969). *The Psychological World of the Teen-ager.* New York: Basic Books.

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