Twenty Years of Working With Adolescents

Twenty years after founding the Adolescent Medicine Unit at Hôpital Sainte-Justine in Montreal, Dr. Jean Wilkins recalls adolescents and parents who have stood out in his mind. He also discusses some of the key challenges of adolescence from both a medical and a social point of view.

Guy, Anne-Marie, Marie-Josée and Anne. These names represent 20 years of Adolescent Medicine at Sainte-Justine Hospital, for it is adolescents like these who have marked our practice. Brief clinical profiles in this article illustrate some of the key challenges of adolescence - the search for autonomy and identity, marginality, education and a place in society - as well as the role of the professionals who work with them. What is most unique about them is the timelessness of their contribution. They are still with us.

Professionals Working With Adolescents

Working with adolescents requires a clear understanding of their reality. With a multidisciplinary team, our knowledge of the various aspects of adolescence can only increase an invaluable asset.
We have a long way to go before we learn how to make optimal use of all the human resources required at the most opportune time. The very natures of adolescence and adolescent health problems are such that constant adaptation is required. We must seek to be dynamic in our attitudes and behavior. Either we have the ability to do so or we do not. If we do, all the better; if we do not, referrals are a must.

The different areas of expertise of those working with adolescents will always be difficult to delineate. This is because adolescents, with their particular problems and attitudes, require an overlapping of roles. We must have a solid professional identity to be at ease in our interactions with them.

The Challenges of Adolescence

Some of the key challenges characteristic of adolescence include the following:

Autonomy. All adolescents experience a new need for autonomy in their own way. An essential step in this process of acquiring autonomy is distancing oneself from parents and other authority figures. This provides the detachment that will lead to a new relationship between the adolescent and his or her parents, as well as society, by the end of the adolescent phase. Among many factors, the way autonomy is experienced varies according to the individual, the family, the times and the culture.

Individuals are strengthened as they experience autonomy, as it enriches and I governs their future development. Yet for many reasons, adolescent autonomy has always been a source of fear for some people. Because adolescence has some negative connotations, it is sometimes viewed as something to be treated. This, however, is an erroneous way of thinking.

Adolescence must always be valued and acknowledged as an important time in a person's life. By ensuring an appropriate and healthy adolescent experience, we increase the adolescent's chances of happiness in the future.

Identity. In addition to the process of separation or distancing, the search for identity represents another experience specific to adolescence. Just as important as acquiring autonomy, the search for identity determines the individual's future path. Adolescents often ponder the "Who am I?" question. Although identity-building begins at a much earlier age, it becomes a more urgent quest during adolescence. This process occurs at a different pace for everyone and is subject to internal and external influences.

The problems experienced by the adolescents in this article evoke situations in which the individual's identity-building process has been affected. Teenage hard-drug users and anorexics display dependency behaviors that reflect a thwarted identity-building process, which in turn hinders self-fulfillment. Their morbid state of mind with regard to both present and future illustrates even more clearly how the individuation process is impeded in many adolescents. The difficulties they experience in their emotional development and in their ability to envision a career choice are indicative of this blockage.

Although the medical community recognizes that a problem exists, we still know little about the causes. My training as a pediatrician has always made me see clinical problems from a developmental perspective. By questioning patients and their parents, we often discover apparent differences between the patient's early childhood and that of his or her siblings. The patient often is seeking out a special type of parent-child relationship.

Drug users, for example, are constantly dissatisfied with the way others respond to their needs, generating an insecurity that is often neither perceived nor resolved. In contrast, anorexics exhibit extreme calm and exemplary docility: they masterfully do whatever is asked of them. Anorexics are shaped by others and define themselves by other people's standards. In adolescence they come to the brutal realization that they must define themselves, a seemingly insurmountable task. Their anorexic behavior provides a refuge that enables them to escape the task of individuation.

For adolescents suffering from chronic diseases, the challenges of separation and individuation are more difficult due to the stronger ties these teenagers form with their parents and caregivers. Both parents and caregivers must be aware of this. They must also understand that the developmental process must be fostered, despite the risk of causing an aggravation or relapse of the basic illness. (Such an occurence is usually temporary.) The care required by chronically ill adolescents is different from that required by patients in other age groups because of the specific nature of adolescence - a period of radical biologic, psychologic and social change.

The current context of small or single-child families, and the pervasively competitive nature of the last decade's social context, have resulted in a large number of adolescents being catapulted onto predetermined life paths. A new morbidity is emerging, a phenomenon I have described in articles on adolescent "super-achievers". Family physicians must be wary of the pitfalls that inherently occur in adolescence.

Guy: A Boy "on the Fringe"

Guy was 16 years old when he died of an overdose after one year of follow-up. Was it accidental, voluntary or induced by a pusher who wanted to silence him? We will never know. His youth and immaturity put him at greater risk in his development in a world of hard-drug users.

Guy had no fixed address, and, although he was "living with his brothers and sisters", he was a squatter at our emergency department practically every evening. He was handsome, and his smile won the hearts of all those who worked with him.

I got to know Guy in my last year of residency in pediatrics at Sainte-Justine. When the time came for me to leave for New York I was worried. I told him about my concern, and he tried to reassure me. One of the first phone calls I received when I returned to Sainte-Justine the following year in a supervisory position was from his sister, who curtly told me, "We're burying Cat tomorrow." "Cat" was Guy's nickname. We protected him well, yet badly at the same time, and perhaps we didn't fully understand.

Teenage Freedom and Marginality

At-risk behaviors: a cry for freedom? Marginality expressed through at-risk behaviors during adolescence has been the focus of many studies, research projects, publications and clinical observations. It constitutes a topic that is both interesting and important if for no other reason than its consequences.

Although the clinical profiles presented in this article contain references to various types of harmful conduct, that was not necessarily the adolescents' intended outcome. A blatant cry for freedom is closely linked to certain self-destructive at-risk behaviors, such as substance abuse, eating disorders, dropping out of school and delinquency. "Let me live my own life!" cries the adolescent. Yet this freedom paradoxically leads to a situation of greater dependency on both family and society.

Teenage pregnancy is another example of the adolescent caught in a dependent relationship with those around her, her partner and child. The opportunity to take actions to help such adolescents is short-lived, yet rehabilitation and reintegration processes require time. These adolescents fall further behind, both effectively and socially. Considering today's world of increasingly specialized job requirements and highly competitive markets, a teenage pregnancy can be a disastrous handicap.

It has always struck me as regrettable that in interactions with adolescent parents, physicians attach such little importance to parental burnout. Society is often more inclined to blame than to recognize the suffering of others, and, in this sense, I may foster the teenager's isolation and pain. Our actions must show empathy, compassion and support.

Anne-Marie: Finding a Place in Society

Anne-Marie, Guy's youngest sister, was also 16 year old. She was beautiful, vivacious and articulate; she and Guy were from a financially prosperous family. On a few occasions, Anne-Marie became comatose and stopped breathing after overdosing on morphine and a mixture of morphine and methadone. She had committed a number of robberies - with toy pistols because she was afraid - and broke into a narcotics cupboard in a hospital. She was sentenced to prison for the robberies, but was removed from the prison facility because she was too troubled by the many homosexual advances made towards her.

Anne-Marie fell in love with junkies she wanted to save, and eventually became a junkie herself; that's where the romance ended. Almost half of her friends from back then are undoubtedly dead by now. They would come to see me at the hospital, and I would learn about their misery. Although I was powerless I would welcome them as best I could and would offer them health services adapted to their needs. They had access to our hospital unit - we weren't afraid. We knew our services were limited and inadequate, but we were there for those kids.

Anne-Marie is one of the few who survived. She is now over 30, and the last time she called, she told me how beautiful her nine-year-old daughter is.

It is important to recognize that the people close to these adolescents have also taken certain steps since recognizing the early signs of at-risk behaviors; perhaps efforts have already been made to rectify the problem. This factor explains the time lapse between the early signs of at-risk behavior and the first consultation with the adolescent.

It is equally important to recognize that the patient's first consultation has usually been preceded by intense negotiations with parents, friends or partners. In our professional roles, we often cannot fully appreciate the impact of those negotiations. The vital importance of the welcome we give the adolescent at the time of initial contact, therefore, becomes apparent, as does the need to adapt our strategies and to avoid confrontations.

Sadly, adolescents displaying at-risk behaviors are the most difficult to care for and the easiest to reject.

Education: The Drop-Out Rate

After 20 years of working with adolescents, I cannot help but feel disheartened by the school drop-out rate. This widespread phenomenon will have tragic consequences for the next 50 years in the lives of the adolescents concerned.

In my view, it is both easy and shameful to accept this reality simply by claiming that it is normal that a certain percentage of adolescents will never succeed academically. But what would happen if society did not allow dropping out and the authorities took a legal stand? The silent complicity towards this issue has long disturbed me. Ethically, I have always wondered how we could accept

that adolescents "hang themselves" in this way. Dropping out of school is a form of assisted suicide that should be condemned. It is not today's limited academic reintegration programs that will solve the problem, but rather the decision to disallow the drop-out option.

With regard to the issues involved in vocational education, I believe that we must guard against overly subordinating this type of education to the desires of business people, whose prime motivation is shareholder profit and personal success. While the education we offer to adolescents must take society's needs into account, it is also important not to participate in limiting the opportunities of adolescents.

Marie-Josée: Teen Facing Illness

Marie-Josée, another bright and attractive teenager, was the youngest of a happy, harmonious family. She was afflicted with a brutal disease, ulcerative colitis, as soon as she entered adolescence. Anemia and transfusions, relapses and cortisone washes - her illness could not be controlled. A colectomy and ileostomy became inevitable. This beautiful adolescent nevertheless managed to adapt brilliantly to her new reality.

I learned through the course of her follow-up that Marie-Josée was not taking the prophylactic drugs we had prescribed. She would not yield to them and did not believe in them. She would have her prescriptions filled but simply let the medication pile up.

Marie-Josée would ask many questions and required accurate and honest answers. She taught me a great deal about how someone her age suffering from a chronic illness needs adequate information.

Work for Adolescents in Today's Society

The 1980s and '90s have brought a new economic era, the decline of Communism in Europe and the emergence of a neoliberal society in North America - a time supposedly liberating, but often unsettling. The public debt generated by the parents and grandparents of today's adolescents, combined with market globalization, has fostered the emergence of a precarious lob market for young people. To find a job after completing their studies, adolescents will soon be obliged to wait for one of their parents to give up their lobs. This has led to a new dynamic between generations - and created an unprecedented situation.

Anne: slow battle against anorexia

Anne was an anorexic who was anything but simple. Anne had been hospitalized several times, but remained unable to emerge from the refuge that anorexia had become for her. She taught me the importance of respecting the pace of change, even when it is slow. Through her, I came to understand the need to create ways of following anorexic patients by respecting them, giving them dignity and ensuring the medical protection that the condition requires without their realizing it.

This difficult exercise forced us to face a powerlessness that can easily lead the health-care professional to adopt potentially devastating iatrogenic behavior. Part of what Anne taught me was how to combine gentleness and firmness, patience and assertiveness. I also learned to be tolerant, informed and respectful of a person's suffering while helping them through a long and difficult period.

My 20 years as a practitionner working with adolescents has led me to promote a more active role for adolescent in our society. We need their creative energies, originality and special dynamism. We do not have the right to exclude adolescents or to make only half-hearted attempts to integrate them, regardless of whether they are winners or losers.

What About the Families of Teens?

The adolescents in this article had families - parents, brothers and sisters - who had to be considered professionally, not only to better understand the patients' problems, but also to better explain our treatment plans. I recall two specific situations, which, although banal in and of themselves, were determining factors in my practice.

A mother of three children and her husband, both well-know television personalities, had chosen me as the physician for their three rather complicated adolescent children. I liked this couple very much, but they had personal problems and their teenagers displayed various behavioral problems. I always refused to link these pathologic behaviors with family-related environmental adaptation problems. That, I felt, would have been an easy way of explaining clinical situations that seemed more complex.

I had always tried not to be hasty in categorizing the problems posed by adolescents and unjustifiably generating guilt in the parents or the adolescents themselves. Nevertheless, the trend in those days was to develop an easy solution by finding an explanation for everything by blaming "the dysfunctional family".

Instead, I tried to understand why this family's adolescents had reached impasses. What did the patient's behavior mean? By blaming others from the start of the evaluation process, I felt that we were overlooking an essential component: the adolescent and the deep significance of his or her problems. Hasty diagnoses must be avoided

This family taught me about parents' suffering and what its results could be. I learned a great deal from that particular mother. The overwhelming guilt and difficulty in mourning the aspirations they had for their children were but two examples of this. In such instances, the resulting disappointment can lead to brutal abandonment of the adolescent in crisis. This abandonment is often a way of seeking help from a third party, because the parents feel helpless, overburdened and do not want to inflict more harm. The parents still want to love and help their child. Although they are capable of doing so, they feel powerless at the time. The intervention of a third party can often help the situation.

The disintegration of the family unit has deprived us of a traditional resource of proven value: the extended family, which disappeared with the 1970s.

I was also marked by a second situation. During a meeting with a group of parents at a high school near Montreal, the mother of an adolescent got up during the question period following my talk and asked, "Dr. Wilkins, has it ever occurred to you that when our children reach adolescence, we re around 40?"

She was right. We were faced with two generations experiencing an identity crisis simultaneously at a time of upheaval in both values and the economy.

Confrontation between the two generations was inevitable, but since they were not equal in strength, the adolescents were overpowered from the outset. To work effectively with the parents of adolescents in crisis, our medical team had to respect the uniqueness of each individual. We also had to acknowledge each person's originality and complexity and, as appropriately as possible, try to harmonize their respective demands so all could benefit. The task was not at all simple. Our role was to act as negotiators for the adolescent side, yet our only chance of success depended on respecting the uniqueness and dignity of both the parents and adolescents. I am grateful to the mothers who helped me realize this at the start of my career; they made me understand the complexity of life when one's children reach adolescence.

Conclusion

The stories of the four patients illustrated here are representative of the history of the Adolescent Medicine Unit at Sainte-Justine. In their own way, all expressed the difficult and demanding tasks adolescents have to face in terms of separation, individuation and sexualization through their behaviors and illnesses.

Working with adolescents requires a clear understanding of their reality. With a multidisciplinary team, our knowledge of the various aspects of adolescence can only increase - an invaluable asset. We have a long way to go before we learn how to make optimal use of all the human resources required at the most opportune time. The very nature of adolescence and adolescent health problems is such that constant adaptation is required of all those who work with them. We must seek to be dynamic in our attitudes and behavior.

Either we have the ability to do so or we do not. If we do, all the better, if we do not, referrals are a must.

As a medical team, our actions would have been meaningless had we not been able to recognize the struggles of our patients through their actions and problems. These patients gave illness an adolescent "look", which until then had been inadequately described in medical texts. They led us to understand their limitations as well as our own, as well as our respective strengths and weaknesses.

During its 20 years of working with adolescents, the medical team of the Adolescent Medicine Unit of Hôpital Sainte-Justine has never strayed from its initial commitments, the underlying principles on which the unit was founded. These include:

- being available to young people
- understanding the reasons for their behavior
- acting in their best interest
- respecting their pace
- consulting or referring them to another professional if necessary
- being sensitive to their joys and pains
- supporting them during trying times
- believing in their inner strength.

These same commitments remain valid and vital factors in working effectively with adolescents today.

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