

Use of Character Analysis in a Case of Adolescent Misery

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Adolescence is classically described as a time of turmoil during which the developing person experiences and must learn to tolerate feelings of emptiness, sadness, loneliness, and misery. Objectively, it is a time when exciting changes are taking place, both physiologically, with the development of mature sexual characteristics and urges, and psychologically, with an emerging sense of freedom and independence. Why should an adolescent have to experience such exciting, wondrous growth as misery and emptiness? Quite simply, these symptoms reflect intolerance of the sensations surging with the onset of puberty. This intolerance indicates the presence of armoring, which not only interferes with the organism's capacity to tolerate these sensations but also prevents them from being experienced as pleasurable and exciting.

The following is a case of an adolescent boy who presented for treatment with classic symptoms of severe adolescent conflicts. Although he was only 16, a diagnosis of paranoid schizophrenia was made in view of the prominent, rigid character armor.

Jacob was admitted to the inpatient adolescent unit at the local children's psychiatric hospital after a serious suicide attempt by wrist slashing. In front of his girlfriend, he had severed arteries, veins, and tendons in his wrist after she had expressed a wish to date other boys in addition to Jacob. Jacob felt he couldn't live without her love and that her wish for others was proof she didn't love him. He had felt isolated and alone, not trusting anyone, before developing a relationship with her one year before. She had become a way of life to him, a means of expressing feelings, wants and hopes that he had never been able to

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express to anyone, not even to himself. He experienced her pulling away as “leaving a big hole in me that is bleeding.”

During the initial interview, he acted in a hostile, uncommunicative manner. He said with quiet defiance. “Why should I talk to anyone here? You’re going to tell me not to have my feelings for her. Well, I know that would help me, but I am obsessed with her. I have these feelings, I hurt so, I am stuck. There’s nothing you can do. Get out and let me be.” He remained suicidal and under constant observation. He hated being under constant watch, and he repeatedly insisted, “If I wanted to kill myself, which I do, you cannot stop me.”

Biophysically, he was very thin and of average height. His eyes narrowed and frequently scanned the room warily. I had the sense he always had a bead on me. Breathing was infrequent with minimal chest movement. He made me feel I had to walk on eggshells, lest he throw me out of his room and shut me out permanently. Yet, I also felt he desperately, wanted to make contact with me but was intensely terrified of this, so his only way of engaging me was via hostile arguments.

Deep Distrust

Because his most striking characterological feature was his wall-like mistrust, this was focused on in the therapy. Over and over again, I reflected back to him the manner in which he mistrusted. At first he became angry with me, insisting he was a very trusting person (in the style of his “open” generation), unless someone did something to prove himself untrustworthy. I would ask: “Then why do you mistrust me?” He would reply: “I don’t!” “Then why do you have such a barrier against my getting to know you?” “Because you just want to tell me that my feelings are wrong. You can’t help me.” I would answer: “So, you’ve decided I can’t help you and will do you wrong before giving me a chance. What is that?” He would reply: “It’s not that I don’t trust you. I’m afraid you’ll take my feelings away.”

The daily sessions went on in this vein, and gradually he began to open up and talk about what his life was like. His mother was

an alcoholic and depended on Jacob for support. He never knew his natural father. He was adopted by his mother's third husband, a rigid, harsh truck driver who was seldom home. Jacob had a very strong sense of responsibility to his family. After school, he worked in a plastics factory, and on weekends he worked at the local fast-food restaurant. He turned most of his paycheck over to his mother to pay the rent and buy food. He would often baby-sit for his younger brother when his mother went out drinking. Jacob initially described this situation as "the way it is" and resented my questions about time for himself and for pleasure. Later in therapy he became aware of a deep resentment towards his parents, especially his mother, for not acting as parents and not allowing him to be a child in the family.

He also came to realize how isolated he was in his family, and how little attention was paid to him and his feelings. He began to verbally express his anger about this in therapy. At my suggestion, he asked to go into the low-stimulus room where the walls were padded, and he punched out his feelings there.

His behavior on the unit began to change dramatically. He gave up threatening suicide and began to participate in the community meetings where earlier he had sat, sullenly refusing to speak. He even encouraged others to speak, explaining how he had wasted valuable therapy time being too afraid to open up. When he was first admitted to the hospital, he considered the other patients childish and silly and would have nothing to do with them. In marked contrast to this, he began to enjoy group activities with other patients. Then he developed a close friendship with another teenage girl. At the time of his discharge, he was aware this relationship might not last, and he was able to tolerate this loss without becoming depressed or suicidal. Biophysically, he had become more straightforward. He was able to make direct eye contact and express his feelings of sadness at leaving and of gratitude for the help he had received, openly and with warmth. These changes occurred during an eight-week hospital stay.

The description of this case demonstrates the dramatic effect intensive, characteranalytic therapy can have on an adolescent. Unwavering focus on his attitude of mistrust as his way of defending himself against the world, changed his experience of adolescence from intensely felt misery to one of pleasure and hope for the future.