Round Table Discussion

PSYCHOLOGICAL DISTURBANCES DURING ADOLESCENCE

WILLIAM S. LANGFORD, M.D., New York City, Chairman;
REYNOLD A. JENSEN, Minneapolis
MILTON M. GRENNBERG, M.D., Washington, D.C., and HAROLD D. LYNCH, M.D.,
Evansville, Ind., Secretaries

Chairman Langford: In the personality and physical growth of the individual there are some periods when the task of adjustment is a little more difficult than others. We see it at weaning, when the child starts school, at adolescence, on his first job, later when he gets married and—one of the most severe trials of all—when the individual becomes a parent. About 90% could be called normal disturbances in this area of adolescence and psychologic disturbances.

Dr. Cornelia M. Carithers, Jacksonville, Fla.: When you see a marked problem such as rivalry between children, how do you convince the parent it is a real problem?

Chairman Langford: One of the more common instances is the jealousy of the younger child for the older child. This may enter the picture with the obese child. Often it is the younger child who will become obese for the satisfaction he gets out of the tremendous body size. The problem of obesity may be of particular significance in the adolescent period. It may be a phase that many children go through as part of this gradual growth process but it also may be related to other factors; this suggests that when dealing with a child who is heavier than he or she should be, one ought to individualize each child who presents the problem. Therefore, it is necessary for those of us who deal with these children to determine what is a normal gain in weight for a period of time and what is outside the range of normal. It may involve the adolescent in that he or she is also worried about the obesity. It may be a problem which is primarily for the family to solve. The problem that you and I have may be because we feel a sense of frustration and of not knowing just what to do or how to approach the problem. As we approach the problem, again individualizing it, it is necessary for us to determine as we go along what the main sources of the difficulty are. If we know it is chiefly concerned with the child, then we can direct our energies more toward the youngster.

As far as some of the psychologic aspects of this problem are concerned it may go way back to earlier experience; this suggests that perhaps if we anticipate the problems that are coming up with the families whom we serve, we can help shape and direct the attitudes of a parent toward a youngster who may be obese. It is often evident that this previous experience of the child is accentuated now in the very stressful period-adolescence.

Dr. Hyman C. Tolmas, New Orleans: In my practice I have encountered an overzealous father who cannot see his son doing anything he didn't do when he was a boy. He feels that the child should toe the mark, so to speak.

Chairman Langford: Many times it may be that you will serve in a substitute role of the parent in guiding the anxious adolescent. One must consider family patterns, including dietary patterns, family situations, tensions. If the adolescent has had a reasonably satisfactory experience in the infancy period and early childhood, even though he presents problems in adolescence, he is prepared to ride through the stressful period much more easily and successfully than if his early adjustment and experience was unhappy.

Question: What are the basic factors contributing to obesity in the adolescent?

Chairman Langford: It may be a deep seated psychologic problem and those are extremely difficult to deal with but then again it may be a reaction to some reality problem or then it is symptomatic of some other disorder.

Dr. John T. Barrett, Providence, R.I.: Many mothers have developed guilt complexes because they feel they are not doing the right things towards the development of their children according

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to the articles presented to them in the current women's magazines on problem parents, etc. How can you handle those mothers?

Chairman Langford: As pediatricians it may be helpful for us to interest ourselves in the education of the parent in the clarification of their problems and in giving them support in their decision. Often by just letting the parent talk, the situation will right itself.

Robert J. McKay, Jr., Burlington, Vt.: The chief problems of mothers who have consulted me about their adolescent children have been in regard to morals in the schools.

Chairman Langford: The problem here is due not necessarily to their home upbringing, but to their conflicts between their desire to join the group and the moral principles with which they have been brought up.

Some of these problems arise at this period with the "keeping up with the crowd" attitude when economic conditions in the home are lower than those of the associates of the adolescent. Then, on the other hand, we have the adolescent trying to separate from parental influence, yet not knowing how to do it. This area in the adolescent has to do with emancipation and achieving self-independence. In joining up with groups the youngster has 2 masters—serving the group and his parents. Problems also arise in the uneven development of sexual maturity.

Dr. J. Victor Greenebaum, Cincinnati: My problems arise when the mother says her child resists everything. I advised one woman to read the book *The Age of Resentment* aloud with her daughter for a closer understanding between the two. I also give them other books that I have received from the government for I have found that reading helps them understand this period.

Dr. Jensen: At this period we have the youngster in a state of constant criticism of his parents and if we can help parents to realize that this will pass and it develops that the child will achieve definition within himself—it is his struggle for independence. This process of growing is an up and down affair. It isn't a straight smooth line and it is common for a girl to act like a lady one day and the next day be out playing cowboys and Indians. Parents themselves vacillate between wanting their children to grow up and wanting them to remain children.

Dr. Gladys C. Winter, Teaneck, N.J.: We can greatly sympathize with parents who do not have the knowledge of what they should expect from the adolescent.

Chairman Langford: I would like to stress the fact that in this struggle for self-dependence, after all, we expect the child; when he gets through these developmental periods, to be a reasonably self-sufficient adult who can arrive at decisions on his own pretty well. The process is going on from the state of extreme dependency in the newborn child to this self-sufficient adult. Biologic maturity comes along some place in adolescence. As far as the things we permit the child to do, he remains encased in a certain amount of dependence, financially, legally and many other ways until he is long past the period when he could be independent. He is not like the Indian child of days gone by who lived in the woods by himself for a few days, then came back to be accepted as an adult in the tribe. During the adolescent period there is a strong drive at the youngster—the parents want the child to be more mature, society wants the child to be more mature, etc. In our desire to be good to children we are delaying the achievement of independence through economic and emotional dependency upon the parent. Therefore, the child is rebellious or does not want to get out from under parental supervision.

Dr. Nelson William Ryan, Cincinnati: The significant and psychologic problems of adolescence occur in youngsters whose parents have and probably still have emotional and psychologic problems.

Dr. Jensen: Assuming that is true, and I presume it probably is in most cases, as a psychiatrist, would you suggest that work be concentrated entirely on the adolescent or with both parent and child?

Dr. Ryan: You can do very well working with the child psychiatrically.

Dr. Otto Grob, Detroit: We have discussed some of the things which bother us with the adolescent patient, but how can some of the problems of adolescence be avoided or prevented before this stage of growth?

Dr. Jensen: No general statement or line of action can really be applicable to the period because it is something that you have to take up on an individual basis. I have known a good many adolescent children who have had complaints but as time went on they became very mature and good citizens. On the other hand, a small group of them were quiet and withdrawn, did not participate in any activity, and proved to have some underlying disorder that portended later difficulty.

New Speaker: Don't you think that we could eliminate a lot of the problems of adolescence that
come down to resentment of parents if in the early years parents would get into the habit of giving the reason for their request? A command to do something builds resentment if an explanation is not given.

Chairman Langford: You are suggesting that the struggles that are accentuated in adolescence stem from difficulties that have been going on years and years before.

First Speaker: No, I thought that would be one way of easing them into the period.

Dr. Jensen: Adolescence is a particular period of life when stress and strain is increased due to the independent feeling that must be resolved if the individual is to become an independent being. Yet the nature of the struggle is dependent upon what happened before. In the course of our everyday work with the children and families we should begin helping to resolve these problems even in the period of infancy. It seems to me that from the ages of 1 through 3 most of our effort be directed toward the parent—clarification of parental questions, helping the parents to define their role in this area and giving them strength to carry through our suggestions by sharing their troubles with them. From that point on we should deal with the youngsters.

It is possible to deal less with the parent and more with the child until you come over into the adolescent years when you devote your major attention to the adolescent who is caught in whatever the struggle is, not neglecting the parent. As physicians we do a service to the parents, whose youngsters we are working with, to keep them informed—not only in what we talk to the adolescent about, but the severity of the problem and the nature of the struggle and whether we feel he is making any progress with us. We must define our role in helping the adolescent by giving thought to basic principles which will help to resolve the problems of the child. We physicians should give increasing attention to the family organization, family attitude, etc. We also might take a more active role in supporting community projects that may be important to the proper development of the adolescent.

Chairman Langford: We all know that we have a prophylactic job to be done. Nobody now pretends that their practice includes only the promotion of physical development because part of a comprehensive pediatric practice includes mental health and personality growth and development. A very large part of the pediatrician's time is taken up with this.

As physicians, our primary sources of concern has always been with the diseases and disorders and we immediately begin to think in terms of pathology and if you look through what has been written, it is difficult to try to find a definition of normal, healthy, constructive parent-child relations.
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