

CULTURAL DETERMINANTS OF ADOLESCENT PSYCHOPATHOLOGY

Maria Orwid – Piotr Drozdowski

Erich Fromm's concept of "homo historicus", like all the cultural psychoanalysis, has traditionally been accepted by Cracow psychiatrists. If we look at psychopathological processes with our Polish experiences in mind, any studies which underline their social and cultural basis seem to be particularly interesting. Firstly, historical experiences have occasioned a change in the role of culture, which has ceased functioning as something outside the individual and has become transferred within his private space, protected there as an indispensable element of his identity, and thus sacrated. Secondly, its exceptional position in this respect has frequently resulted in its being totally negated, which resembles vividly nothing else but profanation. The sense of union between the individual and culture is exceptionally deep, and their mutual relations arouse a lot of strong feelings.

The nature of this discordant relationship has always been revealed in psychiatry, especially in the psychiatry of adolescence. The particularly severe revaluations in the sphere of relations to people and ideas characteristic of that age, have always given the conflicts in this relationship profound meaning. For the first time in 25 years studying the adolescent patient's relationship to culture, we have ascertained a religious content in individual clinical pathology.

That is why it seemed interesting to try to describe certain circumstances that condition this phenomenon in the psychopathological and psycho-dynamic language used.

The problems of the mutual relationship between psychopathology on the one hand, and religion and culture, on the other, considerations concerning the primordially and secondarily of the elements, as well as the question of what function religion has in psychiatric disorders have certainly become the issues of the day. Traditionally, psychiatrists in Cracow give precedence to the clinical approach, which allows us to consider the above-mentioned dependencies from the patient's point of view, remembering that the generalizations involved are not intended to lead to ideological or normative statements.

This results in our treating the cultural and social reality in which patient dwells as of an importance equal to his inner reality, which is the individual's specific assimilation of the external world. The macro social phenomena shared by all people in a given historical period by means of individual cognitive structures and emotional conflicts take on a personal individuality, thus making it possible to apply diverse and specific therapeutic approaches. Examples of this approach, defined as above, form the subject matter of the present lecture.

Without getting into sociological analyses, and relying merely on observations of social facts, we can note that the past seven years have been characterized by a distinct increase of religious attitudes and social behaviour. Groups of youth frequently express their religious feelings by participating in prayer communities stressing the experiential aspect of faith and propagating a fundamentalistic attitude to religion and life. They refer to the Pentecostals movement, with characteristic emphasis on the role of the Holy Spirit and revival of spiritual life. For the purposes of the present lecture, we have chosen the cases of three patients who were treated in the Adolescent Clinic and who actively participated in these communities.

In presenting these cases, we shall outline the material in the following order:

1. An analysis of the ideological conflict within the family
2. An analysis of the relationship between the parents
3. An analysis of the relationship between the parents and the child
4. A psychopathological description
5. The function of the delusive syndrome.

FAMILY NUMBER 1

The relationship between the parents was mainly based on an existing ideological conflict. The father is a Marxist, the mother - a practicing Catholic. She uses her system of values rigidly and normatively and is perceived as an anxiety personality, dependent, compensating by demonstrating dominant, rigid behaviour towards the children. As to the father's personality - he is passive in activity, with asthenic features. He is concentrated on supporting the mother, which results in a scarce emotional presence with the children.

His functioning is unclear and indistinct hindering explicit identification patterns and provoking equally unclear emotions and behaviour. The psychopathological diagnosis given during hospitalization at the clinic initially qualified the case as a catatonic hypokinetic reaction. Later, anxiety symptoms dominated and delusions coexisted with actions and references to religious phraseology, occasionally organized into anxiety-ecstatic syndromes. On the basis of WHO criteria, the final diagnosis of schizophrenia was well-founded. During aggravations of the syndrome the patient concentrated his hostility on his mother, which was interpreted as an attempt to reach against her previous domination and to achieve emotional emancipation. In the sphere of real life the psychotic syndrome provoked the parents into obtaining a Catholic marriage, what was in fact the patient's expressed wish.

The whole family underwent psychotherapy, concentrated mainly of revealing hidden emotions between the parents and the children. This terminated during the remission of the symptoms, which coincided with considerable emotional closeness between the father and son and a strengthening of the position of the father, achieved by his greater emotional openness.

FAMILY NUMBER 2

Ideological conflict was manifested here in the case of the mother, who declared herself to be a Catholic in spite of the fact that she had worked for the state security services in the past. The father was a Catholic. The parents functioned similarly to the parents of the previous patient. The mother dominated and restricted her children, while at the same time having an anxious personality and being emotionally dependent on her husband. The father was emotionally stable, absent from the emotional life of the family, protecting the mother and not revealing emotions towards the children.

Autistic behaviour dominated in terms of psychopathology. There was also autistic experience with elements of existential reflexion and philosophical thinking, with a particular interest in the dilemma of truth versus falsehood.

During the psychotic period emotional feeling was particularly concentrated on the mother, with mainly hostile feelings expressed in a desire to punish her for subjectively experienced dependence and her domination. The patient expressed an altering and unstable convictions about his vocation to the priesthood. The whole family underwent psychotherapy, which was also concentrated on revealing hidden emotional relations between the members of the family. This halted during a partial remission of the autistic symptoms and the patient's decision to go to college. The family has not been in contact with the clinic for half a year.

FAMILY NUMBER 3

Here there was no clearly expressed conflict in the sphere of declared ideology. Both parents are Catholics. There was a similar configuration of personality features. The father was perceived as

being calm and warm, protecting the mother, who was distrustful, cool and avoided difficult situations. The patient was thought to be less intelligent than his siblings, which made his situation in the family particularly difficult. There was a hidden conflict between the parents.

The psychopathological syndrome, manifested itself through considerable anxiety, a crisis of identity, fluctuations of mood, verbal aggression towards other members of the family, a feeling of having a religious mission, of having seen the mystery. There was a strong tendency to become integrated with and seek the support of the religious group described above. On the basis of clinical criteria the patient was diagnosed as a borderline case.

All three families share certain similarities in their structure and in the conflict which developed within them. These can be characterized as a strong defence of the mother, evinced in anxious behaviour in relation to the husband while being dominating and possessive in relation to child. These set attitudes on the part of the mothers evoke a protecting and supportive reaction from their husbands, which results in a weak expression of their emotions towards the children, their absence from family life, and their relatively weaker position in the family. This may make the process of the son's identification much more difficult. If we were to qualify the families by means of the categorizations applied in Poland, these would be the following: Ackerman and Behrens would classify them as satisfying the parents' needs and subordinating the children's needs to this purpose. Alen would describe them as "having a dominating atmosphere of rigidity" while Orwid as families with "the father's lack of disclosure", which is in fact probably the best description of their specific feature so In the first two families, the child's position was delimited by strong dyadic relations with the mother, and in the third family there were also strong competitive emotions between the children.

All three patients acquired their religious experience in closed religious groups which concentrate on individual charisma and the emotional aspect of the religion, filled with ideas of brotherhood and equality. In the case of the psychotic patients, anxiety - ecstatic emotions dominate and were manifested in hostile behaviour within the family.

The borderline patient manifested his religiousness mainly in relation to and on the basis of the group, with special emphasis on the ritual aspect: "the group's new language". None of the cases indicates elements of what Oates called "dependency religion" and which was his name for Freud's concept of neurotic religion on the relation between the images of the father of God. It is worth noting the presence of affirmative elements, emphasizing mutual love, earthly brotherhood, and self-realization within the groups, resembling communities. This way of being "a religious person" closely corresponds to Erich Fromm's description of "humanistic religion". There are also some common features in the "use" of religiously - coloured psychopathological symptoms within the family. In the case of delusive psychosis, the patient concentrated mainly on the mother with a clear expression of hostility and an intention to punish her for the feelings of prejudice, rejection and domination attributed to her. This dramatic situation prompted the father both to show the son his feelings and to take on the role of leader and stabilizer of the family. The strengthening of the father's position resulted in a lessening of tension, closer relations with the son, and a decrease in the intensity of psychotic symptoms. The dynamics of the relationship were not idiopathic. The families underwent psychotherapy, one aim of which was to "evoke" the father and strengthen his identificational role. In the case of the borderline patient, the function of the symptoms was not connected so much with the relationship with the parent as with of inferiority as regards his siblings. The elitist "new language of the group" that he used was an alternative value in relation to the preferred intellectual values and served the purpose of achieving a new and stronger position. The existing conflict with the parents was expressed in identity crises.

The differences in the psychopathology of these cases may be explained by the different mechanisms employed by the patients. In the first and second cases this was projection and in the third-externalization. The difference between externalization and projection proper lies in the presence or absence of a defence against one's own inner impulses. The use of the adaptational mechanism of externalization by the third patient manifested itself in clinically weaker anxiety and an absence of guilt feelings in respect to the expressions of his impulses. There were narcissistic disturbances and difficulties in integrating his own positive features within the conscious part of the ego. The patients incorporating the projection mechanism expressed intensive anxiety and feelings

of guilt, leading to a breakdown of social adaptation. In their cases the narcissistic disturbances may be treated as secondary. The ego may be described as fragile, founded mainly on the identification with superego and the defensive mechanism of projection onto the mother.

The exclusive use of externalization by the patient leads to a pathological balance within the family and a closed system in which all members of the family are dependent on one another. The use of projection indicates strong diadic links mainly between mother and child. The change in the child concerns the mother first of all, and only later has a secondary bearing on the remaining members of the family.

To sum up the considerations of these three disadaptational syndromes, we can mention several dependencies.

1. The religious content present in the psychopathological syndromes became delusive in the families in which the mother participated in the ideological conflict, either in relation to her husband, or as her own dilemma. There 'appeared a strong dependent - aggressive relationship of the son and mother, based on an identification with her defences, revealed through psychosis. The main defence mechanism being projection. In the psychotic functioning tendencies appeared to achieve liberation from the domination of the mother that was experienced by expressing hostility and restoring an active role to the father and achieving a closer relationship with him.

2. The religious content in the syndrome of adolescent disturbance of identity appeared in a Catholic family, with no clear conflict as the result of unresolved competitive problems with the other children. By means of a mechanism of externalization, it served to maintain a positive self-image, negate a feeling of inferiority, and strengthen the integrative function of the ego.

3. In all the cases the patients found support in religious groups whose formal status in the Church was somewhat out of the ordinary.

The above statements are only an attempt to generalize reflection on a few cases. They present a certain direction in thinking and do not pretend to be definitive conclusions.