CHRYSLIS:

To grow or not to grow, that is the question

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Introduction

Adolescence is often considered a period of crisis in the life cycle of every person: crisis for the individual; crisis for his/her family; and crisis for his/her environment.

Depending on the historical and social context considered, the way we look at adolescents, our expectations on them, and the alarm signs, are all criteria in constant change. When children grow up, they feel lost. But the adult people around them also feel lost. The little ones of the family become different people from those who expect other types of reactions. Sometimes we ask them to be as we want them to be. Sometimes we ask them to be who we want to be. Sometimes we ask them for things that adults themselves are not able to do.

Objectives

This work intends to represent with examples extracted from the clinical practice some of the narratives by which a teenager may come into contact with Mental Health. Other narratives are created to avoid the pathologization and/or the early diagnosis, taking into account the person and its environment in a global way. We must keep in mind that this often requires that we, the professionals, readjust our own narratives.

Julia

Eleven-year-old woman who came because of increased irritability.

Throughout the interviews, it became clear that the main concern of her mother was how Julia could be feeling after knowing that her father, with whom Julia had barely had contact in her life, had been in prison.

Along the intervention it was highlighted that that issue was not openly discussed with Julia for fear of how it could affect her. However, she was asked to clarify her reasons for having those behavioral changes. When she cried at the end of an interview once, her mother quickly asked why she was crying. When Julia responded that she didn't know, it felt like that answer wasn't enough to her mother, who was really worried about what she could be thinking. She was asking Julia to put the matter into words when nobody had given her words to mention that issue.

Material and Methods

We have analyzed the clinical sessions with several adolescent users of the Mental Health System. Also, we have carried out a bibliographical review focusing mainly on systemic therapy.

Javier

A 13-year-old male who came for academic and behavioral deterioration and suspects ADHD.

At the first interview he and his parents went to the consultation. They said that this deterioration had been taking place since Javier passed from the school to the new institute. The parents were very distressed and angry about the irritability and distraction of their son.

Throughout the interview, they repeatedly pointed out that Javier's older brother was a responsible and studious boy, quite the opposite of Javier.

From there we worked how complicated it was to get out of a certain role once it is assigned: being his brother recognized by his parents for being a scholar, Javier looked for their company to help him with homework; being his brother the quiet, Javier had to be the troublemaker.

By clearly pointing out this dichotomy, the parents were able to recognize some of Javier's virtues. Then Javier began to behave better and to improve in studies. And as Javier improved, his brother began to be more irritable and the good / bad dichotomy was broken, each of them being able to show a wider register of attitudes and emotions.

Hugo

11-year-old male who was referred from his Health Center because of intense separation anxiety.

Hugo was diagnosed of ADHD at 8 years of age and treated in endocrinology for stunted growth. He was on testosterone treatment for 6 months. When he came to consultation, the treatment had finished last summer, about five months ago.

His parents reported that since last August the patient did not tolerate being away from them, and that he insisted on calling them and sending messages to their cell phones until they returned. He was not feeling able to go alone to buy in the kiosk next to home.

For the rest, they insisted that he was a boy with the characteristics of an eleven-year-old child.

However, the school counselor verbalized concern about Hugo's difficulties in adapting to the current course and the results of his tests.

Throughout the interviews, it was evident a markedly regressive attitude of the patient with insight difficulties and a discourse with a tendency to concreteness. When I asked about his height, he initially said he did not care, although in later interviews he admitted that he was afraid to go out alone because he thought that being so tiny he could be lost.

His parents recognized that they could not even think that their son was not going to grow up so when the last appointment the endocrinologist told them there were no more treatments, they refused to accept it. When Hugo asked them, they insisted that he would grow up.

Hugo's anxiety crises when separated from his parents coincided in time with the news of the absence of more treatments for his growth.

In this case, working with the parents' grief because of the difficulties in their child's growth was a previous step in order to work with Hugo many of his concerns.

Results and Conclusions

The narratives analyzed were from the denial of the problem until the attempt to diagnose a complication of a relational nature

Despite the difficulties involved in confronting established narratives, addressing them with respect and curiosity allows them to question them and broaden their focus. This allows a better understanding of the users and their environments by themselves and the professionals, as well as the limitations that each one of the members of the adolescent's environment presents.

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