

**The Reactions of Parents
to Adolescents and to
Their Behavior**

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EDITORS' INTRODUCTION

The period of adolescence is being gradually extended, especially in the Western world, as the social and cultural environment grows in complexity. What was once regarded as a fairly short transitional phase leading from childhood into adult life, and of only transitional significance, has emerged in the past few decades as a major developmental stage requiring its own specialized services in medicine and psychiatry. The reason for this evolution seems to lie in the fact that the characteristic developmental conflicts between regressive and progressive forces occurring within the individual at this time have become intensified by the contemporary malaise affecting the cultural milieu.

The anthropologic and sociologic data offered in this chapter serve to illustrate the marked differences that have arisen between civilized living today and the human condition within simple societies of less recent times. To the adult onlooker, and to the adolescent himself, youth culture would appear to be undergoing a rapid change resembling that of a state of constant flux whether in rebellion, regression, or retreat, as compared with the more "expectable" environment of the adult or the more stable setting of his adolescence. The child today, in many ways, is growing up in a different sort of world from the one peopled by his parents during their development. The discrepancy in life styles may be as large as that between immigrant parents and their children.

The average parent tries to anticipate, accept, and adjust to the behavioral changes that take place in his offspring in the course of development. This adaptation comes harder to some parents than to others who are more flexible, but all parents experience some degree of anxious tension, since they have not traveled the same developmental

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pathway or incorporated the newer elements that come into the family with the contemporary adolescent. Even the more enlightened parents are surprised by the size of the generation gap when they go out of their way to agree and understand, only to be confronted by the mystifying comment, "You don't understand at all." The gap has currently reached such proportions that parents, out of empathy if not sympathy with adolescence, have almost abrogated their parental rights to decide anything more for their children.

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In recent years," remarks Adelson, "the adolescent has come to weigh oppressively on the American consciousness," and to occupy "a peculiarly intense place in American thought and feeling" [1]. This is in contrast to the attitude in earlier times, when the adolescent was generally regarded with tolerant condescension as a simple-minded character living "outside the world of adult happenings" and inhabiting "an Eden of preresponsibility." In our time he has "invaded the adult world" in two antithetical stereotyped forms. In one he is the *victimizer*, "leather-jacketed, cruel, sinister, and amoral," the carrier of society's sadistic and sexual projections, replacing the gangster and Negro in this role. In the other, he is pictured as the *victim*, passive and powerless in the face of adult corruption that seeks to exploit his gullibility.

A QUESTION OF STEREOTYPES

These adolescent stereotypes are not the only ones available to the adult population, but they present an element of ruthlessness and sadism that resonate disturbingly in the minds of the older group and are seized upon as shibboleths in the ongoing "conflict of the generations." So powerful have been these oversimplified preconceptions and so resistant to rebuttal by opposing facts that they have made their influence felt even within the family circle, causing parents to respond to their adolescent children as if they were embodiments of negative ideas rather than real people.

To compound the mischief even further, the stereotypes have also functioned as mirrors held up to the adolescent by society reflecting an image of himself that the adolescent gradually comes to regard as authentic and according to which he shapes his behavior. In this way, he completes the circle of expectation. The adult is convinced of the validity of his stereotypes since the predicted behavior does in fact

Reprinted from Excerpta Medica International Congress Series No. 108, *Proceedings of the Sixth International Congress of the International Association for Child Psychiatry and Allied Professions*, Edinburgh, July 24-29, 1966; and reprinted in modified form from Chapter 5 of *Adolescence: A Psychosocial Perspective*, edited by Gerald Caplan and Serge Lebovici, © 1969 by Basic Books, Inc., Publishers, New York.

occur; the adolescent is convinced that he is simply doing what everyone is expecting him to do; and society at large is convinced that it has a problem on its hands by the daily news of incidents chronicled luridly by its reporters.

The response of any parent to the adolescent child may therefore be dictated by a collusion of three factors: a collective reaction as represented by the stereotype, an idiosyncratic reaction based on the personalities and experiences involved, and the "transference" reaction in which preexisting factors from an earlier phase of life exert an influence unbeknown to the participants on their attitudes, affects, and actions, often to the detriment of the relationship. There is probably no human transaction in which any of these occurs uncontaminated by the presence of the other two, and the situation to a large extent determines which one predominates. As a general rule, the more negative the relationship, the less operative is the person-to-person response and the more conspicuous the stereotypic and irrational, unconscious modes of transacting.

In the next section follow various contemporary polarities of stereotypic thinking in their nascent form unmodified by personal considerations. The adolescent will be seen as victimizer and victim; as dangerous and endangered; as sexually rampant, requiring restraint, and as sexually inadequate, needing encouragement; as emotionally maladjusted, crying out for treatment, and as emotionally free, emitting a breath of fresh therapeutic air onto stale adult conflicts; as an enviable object to be cut down and as a repository of the adult's unfulfilled ambitions to be built up; as a redundant family member to be extruded with as much haste as decency will permit and as a lost object to be mourned in passing. Both adult and adolescent oscillate between these extreme images, and when the pair are not in phase, the resulting interaction may occasion a high degree of perplexity with the bewilderment evident in the inconsistent and confused communications that then flow between the participants.

The inherently dichotomous nature of the stereotype is reflected in the good or bad images created. The behavior of the adolescent is more of a continuum with the reactions distributed along a Gaussian curve, the extreme manifestations occurring with lesser frequency. However, because they tend to gain greater publicity, the impression is created that they are the statistically expectable modes of teen-age

behavior. The "headline intelligence" characteristic of the public mind has come to consider adolescence and delinquency as synonymous, interchangeable labels. The clinician does little to correct this misconception, since he himself is constantly confronted with extreme reactions and may eventually be led to regard them as typical rather than atypical and infrequent. The "good" adolescent, although representing perhaps three-quarters of the adolescent population, is so effectively camouflaged by his conformity to the standards of a given culture that he is scarcely credited with existence. Instead of victim or victimizer, his role with respect to the adult has a special and satisfying quality to it that was not present in his dependent status as a child and will not be present in his ultimate status as an adult. In large measure, it can be viewed as a learning experience in which the adolescent is constantly practicing the adult role under the experienced tutelage of a friendly and encouraging adult. The relationship is regarded as basically helpful and trustworthy, even if a little avuncular and out of date. Since this chapter is directed mainly toward clinicians, it must be understood that the clinical viewpoint, with its more pathologic emphasis, will be salient. Since the stereotypic reaction and the vicious misunderstanding it engenders are felt to make major contributions to a pathologic condition, the two factors, the clinical and the stereotypic, will be interwoven in the account that follows.

THE STEREOTYPIC REACTIONS TO THE ADOLESCENT AS A DANGEROUS AND ENDANGERED OBJECT

The image of the "victimizer," slowly, relentlessly and ruthlessly stalking the terrified adult, calls attention to a surprising metamorphosis in the life of the individual through which the weak and helpless child is transformed into a potent and menacing figure that can now threaten the adult on whom he once depended for his security and sustenance. Every period of human history has accorded recognition to the potential dangerousness of this transitional period, and complex procedures have been instituted to control the situation. In the darwinian and later freudian speculation on the "primal horde," the threat to the father with the supervention of adolescence ended with the killing and eating of the father. It was never clear in the theory to what extent such a termination was inevitable and "natu-

ral," but one would expect that when the primal hordes banded together in the form of communities, the fathers would begin to legislate in favor of their own survival, perhaps resorting to the extrusion of the adolescent male as a first resort and then eventually subduing him by means of institutional techniques. In this context, it is interesting to note that adolescent male monkeys, when caged with a typical monkey family—father, three or four wives, and one or two adolescent females helping to care for a few infants—are often slain by the father at the onset of puberty.

The later institutional methods of dealing with the same problem initiation rites, secret adult societies, and prolonged apprenticeships—were generally effective in subduing any revolutionary trends present in the adolescent and in suppressing any inordinate wishes he might entertain for possession of the women, the works and the food of the adults.

There is another side to the adult's reaction other than this preoccupation with the dangerousness of the adolescent. It takes the form of marked concern for the safety of the younger person and may express itself in practical measures to safeguard him against premature exposure to the physical and emotional stresses of the adult world. The minor is protected legally against exploitation by the unscrupulous adult and may react to the protection as overprotection, regarding the prohibitions imposed as ways of thwarting his normal and necessary drives. He is quick to detect the hostility behind the solicitude, and he is often inclined to react to the former rather than to the latter component of the adult's ambivalence.

The same mixture of intention is present in the reactions of primitives. In many parts of the world, girls are suspended between earth and sky inside a dark, airless, and filthy contraption at the time of their first menstruation, not only because there is a fear that they will blight the crops, blunt the weapons, sour the milk, and cause cattle to miscarry, but also because they themselves, if exposed to light, may suffer from sores, grow blind, or shrivel up into skeletons. The precautions taken, therefore, to isolate and insulate them are activated as much by concern for their safety as for the safety of the adults [6].

As far as institutional measures go, the more advanced societies appear to ignore adolescence almost as completely as the primitive

recognize it, but the sense of danger still remains. In the words of one anthropologist: "We prescribe no ritual; the girl continues on a round of school or work, but she is constantly confronted by a mysterious apprehensiveness in her parents and guardians. . . . The society in which she lives has all the tensivity of a room full of people who expect the latest arrival to throw a bomb" [11].

Psychotherapists, confronted by the adolescent, have put forward as many reasons and rationalizations as parents and adults in general for treating the adolescent with special care and caution or not treating him at all. They have argued cogently in favor of treatment but by other therapists and in other institutions. Many have concluded, on the basis of sound reason, that it is better to leave adolescents psychotherapeutically alone during adolescence because of their well-known proclivity to act out and drop out. The vivid metaphors they have coined possess a strong deterrent quality. "One cannot analyze an adolescent in the middle phase," says one prominent author; "It is like running next to an express train" [7]. Another likens adolescence to "an active volcanic process with continuous eruptions taking place, preventing the crust from solidifying" [8]. Once the psychotherapist gets it into his head that he has to deal with a bomb that might explode or a volcano that might erupt or an express train that will outpace him, he will approach the treatment situation with very mixed feelings. If one adds to this array of stereotypes the reputation that even the mildest adolescents have for resorting to slight delinquencies at the least provocation, then the psychotherapist's reason for bypassing adolescence is easier to understand if not to condone. The teen-age patients that do come to therapy and remain in therapy are generally severe passive character disorders that are developmentally preadolescent in their makeup. They behave with the cooperativeness of the average adult and child patient, but they remain largely untouched by the therapeutic process.

Within the last decade these various considerations plus a growing sense of responsibility toward a neglected group have led clinicians to conclude that adolescents are best dealt with by psychiatrists who, whatever their major affiliations are, wish to deal with adolescents. There are child psychiatrists as well as adult psychiatrists who have a "built-in" flair for resonating sympathetically and empathizing deeply with the "in-between" situation. This gives them a sufficiency

of comfort and confidence in coping with even tempestuous teen-agers and dampens down the fluctuations between the cautious and the carefree. Adolescents are especially sensitive to the "phony" attitudes and mannerisms of adults who are not too sure whether to talk "down" or "up" or "on the level" with them and are liable to exploit this uncertainty to the full by taking up provocative counterpositions.

THE STEREOTYPIC RESPONSE TO THE ADOLESCENT AS A SEXUAL OBJECT

Even in these pseudosophisticated days, when information on infantile sexuality can be purchased in every drug store and vivid accounts of prepubertal heterosexual activities have been reported in the press, the emergence of biologic sexual maturity in children invariably seems to take the family off guard as if it were completely unprepared for this natural and long-expected event. It would appear that early manifestations of the sexual impulse are in some way disregarded or depreciated as "child's play" and therefore not to be taken too seriously. With the development of the secondary sexual characteristics and the occurrence of seminal emissions and menstrual flow, the family becomes uneasily aware of the new sexual object in its midst. Its response varies from family to family. In some, the succession of pubertal events may be shared by the family members as in the manner of other achievements, whereas in others, it is hushed up and confined to the privacy of the bedroom and bathroom.

Parental reactions to puberty are closely correlated with the extent to which sexuality has found a comfortable acceptance in the household as gauged by the affectionate demonstrations between the members and the level of accurate biologic knowledge possessed by the children. There are parents who regard it as the consummation of their own psychosexual development, rounding off the cycle of the generations. There are others who are pruriently intrigued by the shy and groping sexuality of the novice and obtain vicarious enjoyment in stimulating its appearance and mocking its ineptness. A third group of parents, with a high degree of sexual repression, may react with dismay and displeasure at the slightest display of erotic feeling. The frigid woman, psychosexually infantile, not only insists on maintaining an asexual status for herself but also for her children [14]. She is

blind to the pubertal indexes and repulsed by any form of adult heterosexuality. On the other hand, she is not greatly perturbed when the adolescent displays homosexual tendencies, symptoms indicating oral and anal fixations, or incestuous concerns. The hostile reactions to maturity contrast with the overflow of pathologic tenderness occasioned by immaturity, so that the children are caught up in a vortex of changing attitudes and behavior that bewilder them even more than the biologic events taking place in them. Unable to accept her own femininity, the frigid woman is inevitably led to sabotage the sexual development of her adolescent daughter. As long as the little girl is "neuter," the mother remains on good terms with her, but with puberty, a dynamic conflict comes into focus and a fierce hostility takes hold of the mother. She cannot and will not allow her daughter to become a woman, and the resulting conflict around the sexual identity in the daughter reactivates her own identity problem. It is difficult for any child to develop beyond the neurotic inhibitions of its parents, but nowhere is this truer than in the development of sexual identity.

~~The transition from "asexual" child to sexual adolescent may not only put the parent's psychosexual maturity to the test, but also tax his relationship with the child.~~ "The very individual towards whom the parent was able to show overt signs of love during childhood has now become a sexually stimulating and taboo object. As a result the parent must mobilize defenses to handle the anxiety provoked by his own incestuous fantasy" [3].

Another effect of adolescence on adults is the reactivation of their own ~~adolescent struggles~~ with overt autoerotic, homosexual, and oedipal conflicts with the development of what amounts to an adolescent decompensation in retrospect. Not infrequently, this upsurge of suppressed adolescent feeling may drive the parent into psychotherapy. A given family may therefore have two crises occurring concomitantly—the crisis of adolescence in the child and a reactivated adolescent crisis in his parent.

These ~~roused sexual impulses~~ may confine themselves to the realm of psychopathology, but a breakthrough into everyday life is ~~not so uncommon, especially in homes where there is a general degradation of living conditions as a result of economic privations, alcoholism, and mental illness.~~ A weak incest barrier may give way under these circumstances, and a spate of miscarriages and pregnancies may

result. In one survey at an obstetrical hospital, it was calculated that at least one-third of the ~~illegitimate pregnancies~~ were the products of incestuous union, mainly with the father. It is surprising that the figure is not even greater when one takes into account the prevalence of Lolita fantasies in middle-aged men with adolescent daughters, as revealed in psychotherapy. It is also characteristic of fathers who have near-incestuous relationships with their daughters to react to any adult heterosexual interests on the part of the girls with ~~prudish indignation~~.

The ~~ambivalence~~ noted in the parent's response to the adolescent as a dangerous object is equally true of the present consideration. An analysis of transactions between parents and adolescents around a covertly sexual conflict can illustrate how both sides play out their conscious and unconscious roles in response to wishes and fears that are implied but seldom verbalized. At one level, the parent may react with justifiable anxiety in keeping with his cultural standards and the adolescent, in turn, may behave in a way appropriate to the codes prevalent in the peer group. Underlying this reaction, there may be another less conscious one in which the parent may be provoking the adolescent to act out some of his own urgent repressed fantasies, at the same time punishing him for attempting to do so. The child may be dimly aware of this unconscious manipulation and may respond to the conflicting communications of the two levels with a double-bind communication of his own. For example, he may deny that he has done anything bad, be indignant at the suspicion, and, at the same time, "blow up" the experience, making a sexual mountain out of an ignominious mole hill. On still another level, the parent may be reacting to a deep dissatisfaction with his own sexual lot in life and envious that his child is getting something while he is being deprived. The adolescent, in his turn, may react with anger because he is being accused of engaging in activities which the father has often desired but cannot bring to pass because of his own inhibitions or the inhibitions of his partner. Under these circumstances, both parents and child may feel that his biologic drives are setting up an insuperable barrier between them [13].

~~The sexual relationship in the family at this time can have disruptive effects on marriage.~~ An attractive daughter may become a serious rival to a mother who has been thwarting her husband for many years. The father begins to take notice of his daughter and finds

reasons for taking her out in place of her mother. He may also begin to respond to other "dates" in a jealously hostile manner, either sulkily ignoring their existence or else referring to them in terms of scathing criticism. (One young girl amusingly referred to her father as suffering from an attack of "oedipops.")

only
The mother-daughter rivalry has its most extreme expression within the setting of the "menopausal-menarche" syndrome, ~~when the mother's waning reproductive life is confronted with the flowering sexuality of the girl.~~ The interaction stirs up considerable anxiety and depression in both, and the nagging relationship of prepuberty is transformed into an open warfare in which the Geneva conventions are abandoned.

The reactions of adults to the sexual pressures produced by their adolescent children may run the gamut of sexual psychopathology from the autoerotic to heterosexual acting out, so that unfaithfulness may enter the marriage for the first time. There is no doubt that the sexuality of the adolescent is a stimulus for the sexuality of the parent. This is well demonstrated again in the primitive situation when the adolescent is initiated into sexual life and the adult seizes upon the occasion to be openly sexual. "The use of obscene language, expressions of desire for prohibited sexual relationships, public mention of the sexual act and its mechanics, immodest exposure and hip movements—all these ordinarily shocking acts are expected and performed by women leading the novices back from the initiation ceremony" [10].

~~THE STEREOTYPIC RESPONSE TO THE ADOLESCENT AS AN OBJECT OF ENVY~~

It is clear that psychologically speaking the adolescent is on his way up when the caretaking adults are on their way down. This basic anabolic-catabolic distinction understandably provokes in the adult envy for the adolescent's youthful vigor with all its freedom, freshness, and joyful foolishness. The envy may show itself in a contrast derision at the simplicity and awkwardness of the younger person and at his lack of experience in worldly matters. At its worst, it can take the form of highly sadistic measures disguised in the form of initiation rites and rituals.

A frequent cause of disturbances in the family is the narcissistic

losing old ones go hand in hand in the course of normal adolescent development and that their only chance of preventing the escape of the adolescent is to set about systematically enslaving the child from his earliest years, so that by the time he reaches adolescence, the incestuous enthrallment is complete. This is the type of child who never seems to enter adolescence. Childhood is prolonged indefinitely and the parent certainly has possession of the child. The ambivalence involved in the fixation is so severe, and the pathologic developments of the child so extreme, that the conservation is associated with little real happiness for the parent.

A surer way of retaining some part at least of the lost child is by helping the process of separation and individuation to its completion and culmination in the adult child. A new relationship then becomes possible in which two adults, linked by mutual happy memories, find to their surprise (not knowing the strength of the identification processes) that they have many interests in common and discover a new mature pleasure in each other as people. This pleasure is no longer derived from the old anaclitic model but depends on the rediscovery of the child as an adult object, the parent having gracefully relinquished the child at the start of adolescence.

THE STEREOTYPIC RESPONSE TO THE ADOLESCENT AS A MALADJUSTED INDIVIDUAL

In one of the many current portraits of the adolescent, the author refers to "a fluent, loose-jointed restlessness alternating with catatonic repose" [5]. A puzzled teacher likened the experience of his contact with adolescents to a ride on the big dipper, "sometimes you are up and sometimes you are down, but you never know for certain when the next swing is coming." The adult in our Western culture has apparently learned to expect a state of acute disequilibrium and anticipates the "storm and stress" in his adolescent child as he once anticipated the negativism of his 2-year-old. The expectation has seemingly been incorporated into the literature of psychologic development and it may take methodic research and many years of endeavor to remove it from the textbooks. There is, however, growing anthropologic and sociologic support for the concept that ~~society gets the type of adolescent it expects and deserves~~ and this is true of even those members

who come into daily contact with the ordinary teen-ager. In a recent poll of teachers, for example, more than 80 percent of them subscribed to the opinion that adolescence was a phase of "great emotional disturbance," and more than half believed that the child at this time underwent a complete personality change [5].

It is not surprising, from what we said earlier, that adolescents themselves begin to share this opinion and to assume that their mood swings and waywardness are signs of incipient insanity. The referral to the psychiatrist may help to confirm this inner apprehension and it is at this age that the fear of the psychiatrist is at its greatest. It is at this age that the altered body image, the alienation of parts of the psychic structure, and the intense masturbatory conflicts all give rise to the same terrible speculation with the panic-stricken reaction: "I am not nuts. I do not need a nut doctor."

The immature, unstable parent, like the sexually inhibited one, helps to aggravate these feelings of inner looseness and uncoordination. In fact, the unstable parent may respond to the increased pressures introduced by adolescence by regressing into helplessness himself and may invite and obtain a protective, solicitous, almost therapeutic response from the adolescent. This "reversal of generations," which can be looked upon as a natural development of life when the parent figures shift into the helplessness of old age, is sometimes prematurely in evidence at this early stage. In his "therapeutic" role the adolescent may be burdened with many of the adjustment problems of the parent. "At last I have got someone to talk to. I have never been able to say this to anyone else. I have never been able to tell anyone what a sexual brute your father really was. Now that you know all about sex, you can realize what I have been through with him," etc.

Adolescent feelings persisting in the parents do not always work negatively for the adolescent child. They can and do often lead to greater sympathy, empathy, and understanding. The parent with a better recollection of his own adolescent difficulties can use this constructively in dealing with his child and, in so doing, may be able to help himself. The capacity to identify with the adolescent will permit the parent to handle the usual type of adolescent problem with a lighter touch. They may react, as one author puts it, with "a felt nostalgia for the youthful exuberance, fresh love impulses, and a sneaking

adoption of the rebellion" [12]. This "ectopic youthfulness" enhances the sensitivity of the individual in relationship to younger individuals.

The fluctuations characteristic of adolescence demand flexibility on the part of the parent, the changing mood and manners calling constantly for changing attitudes and behavior toward them. It is not easy for even the average parent to shift comfortably in rhythm with these emotional swings since he is so often left completely in the dark as to what has occasioned them. A transient depression, for example, may reflect an intercurrent scholastic or vocational difficulty, a setback in a love affair, a nostalgia for the lost world of childhood and its love objects, or an upsurge of guilt from a reactivation of unconscious sexual and aggressive urges leading to a hostile retreat from the world. On the other hand, it may be no more than a phase of introspection as the adolescent stops to take stock of himself. The same variety of causes may underlie states of happiness, and it is therefore not surprising that the psychologically untutored parents, however devoted, may find themselves exasperated by the unpredictable nature of the affect [9].

A great many therapists find it highly uncomfortable to treat children during the earlier phase of adolescence when they neither play nor talk nor look to a friendly adult for help, but seem merely bent on escape. The patient is bored and restless, may yawn openly in response to a well-thought-out interpretation, and, when the therapist attempts to focus on the relationship, they will counter with a description of their passionate involvements at school and elsewhere. The therapist finds himself put on the shelf with a hundred other objects currently competing for the adolescent's attention. He will be irritated, and parents will readily recognize and sympathize with the essence of his irritation. "Most of the young adolescents I have seen consider all adults their natural enemies. If they say anything at all, they will barely state a complaint, and then defiantly wait for you to do something magically about it. I have never found any way to handle this, and the only children of this age I have treated are those who started with me at an early age or were quite immature . . . a great deal of environmental manipulation is usually required, and as soon as external pressures are relieved, the patient tends to drop out of treatment" [2].

The high dropout rate in psychotherapy has given the adolescent a bad name in therapeutic circles, and therapists are wary of taking them on for any form of intensive treatment. The main complaint is that they do not seem to form a stable working relationship, but this is like saying that the seasons vary throughout the year and that you cannot depend on having warm days and blue skies for picnics in the middle of March. It is in "the nature of things." Once the therapist has accepted the fluctuating responses and the irregular attendance as a natural part of the general variability of the period, he can then settle down to incorporating them into his technical approach, even to the extent of regularizing anticipated breaks from treatment.

THE "GOOD" REACTION TO ADOLESCENCE

Normality in psychology and psychiatry is a concept difficult to define in operational terms. One can point to the observation that the majority of adolescents seem to come through adolescence and develop into average adults with average reactions as an indication that things cannot be as bad as they look under a closer clinical scrutiny. Although we might be dissatisfied with the finished products and aware that many of them will eventually find their way into mental hospitals, divorce courts, coroner's courts, prisons, and homes for alcoholics and addicts, the larger group who achieve statistically average lives must have been subjected to "good enough" reactions.

The good or good enough reaction is one in which the stereotypic response is minimal or absent, the adult responding on a person-to-person basis. It is a reaction which is relatively free from the irrational influence of "transference," so that once again, the adult responds not in terms of the there-and-then but of the here-and-now. The third ingredient in a good reaction is the element of empathy and sympathy originating in a satisfactory adolescent experience; not satisfactory in the sense of being free from conflict, but satisfactory in the sense of having gone some distance toward making these conflicts conscious and resolving them. The acceptance of the once adolescent provides a sounding board to test out all future reactions for adolescent consumption.

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