ABSTRACT: This paper presents an initial hour of therapy with 17½ year old David, illustrating his distinctive experience, endowments, vulnerabilities and resiliencies. This first encounter permits a glimpse into typical adolescent conflicts and issues, how newer theoretical perspectives guide clinical thinking and technique, and the ways in which sociocultural forces intertwine with personal experience.

Introduction

Folklore has it that the first hour of psychotherapy with an adolescent is critical to all further work. As with other wisdom theorems, there is some truth to this idea. However, in the last two decades, ideas about development have been changing, and enormous progress has been made by lacing our theories with careful and detailed observations from the growing number of infant and child watchers.

"Adolescence has typically been conceptualized as a time of rapid growth, often characterized by turmoil and, if all goes well, eventual integration. Physical, cognitive, and emotional growth spurt ahead, creating pressure for new adaptations, as well as opportunities to reconcile and resolve older conflicts." (Cooper & Wanerman, 1984, p. 212.) Since all human development occurs within the matrix of social experience, it is important to note that our culture has been excessively preoccupied with youth, tending to extreme views that are simultaneously distorting and self-fulfilling. Considerable evidence exists for reducing the formerly high-decibel view of adolescence as a
phase in which torment and rebellion are inevitable. If adolescence is not always a time of psychological turbulence, is it then a time for quietude? Hardly! The adolescents clinicians see and treat often display characteristics formerly ascribed to all youth: prophet, visionary, esthete, tormentor, hedonist, and rebel. Stern (1985, p. 15) warns: “There are serious problems with using clinical issues to describe developmental phases meaningfully.” Thus pathomorphic and retrospective thinking, as well as culturally endowed biases, may alter and deform our assessment of a life narrative generally, and of adolescence particularly.

Some theorists retain the view of adolescence as typically stormy and rebellious. Others note that most adolescents are far less noisy and defiant than once believed. (Offer, Ostrov & Howard, 1981; Oldham, 1978; Feinstein, Giovacchini, Rutter, Graham, Chadwick & Yule, 1976.)

Sociocultural beliefs and expectations also influence and shape the very behaviors we attempt to define, describe, and explain. Nowhere may this be seen more clearly than in the development of minority young people. These cultures within a culture—often at odds with wider societal forces—impinge on the transitional stage of adolescence.

One other element may add to the risks in trying to understand an adolescent’s strengths and difficulties, namely, the profoundly important changes underway in American family life. These include: “The rising number of women and mothers in the work force, the reduction in other adults who might substitute as caretakers, the rise in divorce rates, in single-parent families, and the poverty line or near poverty line of so many of these families, the rise in teenage pregnancy, and the demands on working parents whose energy is drained away from child care.” (Cooper & Wanerman, 1984, p. 216.) These facts and more shift our views about the current family structure, and how each of its members is understood.

In sum, then, periods of rapid growth in development, cultural imperatives, theoretical perceptions seen against the background of significant family changes, must be part of clinical awareness as we meet each adolescent.

The Loo Family

It is through these various lenses that I will describe and review my first encounter with a seventeen-and-one-half-year-old, David Loo, as a case in