THE ANATOMY OF ELOPEMENT FROM AN ACUTE ADOLESCENT SERVICE: ESCAPE FROM ENGAGEMENT*

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Isolated instances or outright epidemics of a wide gamut of disruptive behavior are frequently encountered in caring for hospitalized or institutionalized adolescents. Episodes of vandalism, suicidal gestures, self-mutilation, incendiaryism, and the like, may threaten efficient functioning of the therapeutic community. It is now well recognized, through studies employing a variety of field and statistical techniques, that these disturbances may be as illustrative of staff tensions as of the patient’s inner turmoil.

The phenomenon of elopement from an institutional setting, on the other hand, has received relatively little attention in the literature. Miller noted that his hospitalized patients were universally preoccupied with the possibilities of escaping, regardless of their other problems. Warren holds that the chronic eloper is particularly difficult to handle in an in-patient environment. The most salient speculations on the subject have been briefly advanced by Rinsley and his co-workers who view running away as yet another of the metaphors of resistance so artfully employed by the adolescent patient to defeat efforts to change his ways. Elopement can be symptomatic of staff inability to grasp or meet the child’s needs, or a bid for independence from the adult world. Some youngsters elect escape to solve the agonizing riddle of who loves them more, the “old” objects (parents) or the “new” (milieu members). Running away may be the only manner in which intolerable aggressive or sexual needs gain access to motility. Finally, Rinsley stresses the role of significant relatives who implicitly condone escape, because of their reluctance to surrender the child to the hospital.

In this paper, we shall illustrate and amplify these hypotheses, adding new theories of our own, with the aid of clinical material and observations derived from experience with adolescents treated on the acute receiving ward of a large city hospital.

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The Abraham Jacobi Hospital, affiliated with the Albert Einstein Medical Center, is a general hospital serving a population of roughly 1.5 million residents of the Bronx. The In-Patient Psychiatric Division is situated on the ninth and tenth floors; 9 West, a 25-bed ward, has been in existence two years. In theory, 15 beds are provided for adolescents (12-17 years) and 10 for latency-aged children (8-11 years); in practice, 70-90% of patients are adolescent. None of the runaways discussed was of latency age; indeed escape attempts by members of this group are extremely rare.

Patients come from extremely disordered socio-economic backgrounds, rife with severe family psychopathology. Adolescents stay no longer than six weeks, while latency-age youngsters remain a maximum of three months. Referral sources include the hospital emergency room, various courts, social agencies, and, infrequently, private physicians. Diagnostically, the caseload is weighted heavily in favor of schizophrenics and disturbed “acting out” characters. Some true psychoneurotic and organic disorders are evaluated.

The In-Patient Service (9 West) possesses a complement of nurses and nursing aides who have had special experience with children. Besides the medical staff (consultants, a chief attending psychiatrist, two chief residents who are child psychiatry fellows, and 3-4 first-year residents), a psychologist, group and case workers, occupational and recreational therapists, are assigned to the Service. A city-accredited school with separate adolescent and latency classrooms is an important part of the community.

Physicians and case workers are intensively involved with individual patients and their families, but heavy emphasis is placed on group therapy and process. Patients meet thrice weekly with the resident assigned to their case and a co-therapist of opposite sex drawn from one of the paramedical disciplines. Another session is scheduled once weekly for patients and the entire staff. After-group meetings and problem-solving conferences provide opportunities for staff members to clarify feelings toward patients and each other.

9 West has been administered as an open ward since its inception; it is closed during the night and for brief periods during