A dolescence is a challenging time both for the teenagers in the midst of those years and for those trying to understand them, including parents, teachers, and mental health professionals. Every day, either adolescents or someone from an older generation struggles with the question, “Is this just normal adolescence, or should I worry?” What produces this question may be either a statement (verbal or behavioral) or a full-blown clash over conflicting values.

Decades ago, many states had public psychiatric units dedicated to determining whether troubled adolescents were simply normally troubled, experiencing common dilemmas in living, or needed professional psychiatric help. By the mid-1990s, most of these “diagnostic centers” had closed, with the state funds redirected to community services. Private psychiatric hospitals continued to admit adolescents for diagnosis, but they also closed after much negative publicity about coercive processes and unwarranted stays in locked units.

A new private sector enterprise, which ostensibly answers parents’ questions about their adolescents and helps them decide whether or not to worry or take action, uses the Internet for advertising. One such initiative, http://www.antidrug.com, runs advertisements in family
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publications, such as Better Homes and Gardens. The site includes links that parents and adolescents can access free. There are also resources for sale, such as newsletters, books, and private consultation.

When simulation games were in fashion as teaching and research tools, one designed by Sarane Boocock (1968), titled Generation Gap, taught players (parents and adolescents) that the best way to negotiate differences was to share, openly, what each valued and to what degree. As the game was played, both parents and adolescents learned that some issues were less important than others and worth trading off to the other. Parents recognized that adolescents had power over their own disobedience and that threats and heavy punishment simply did not work. On the other hand, adolescents learned that continual disobedience of parental wishes and orders could be self-destructive in the long run. The key to better intergenerational relationships was open disclosure of values and willingness to compromise to reach a new negotiated order, desired by both sides.

I decided to use this simulation game in the context of an inpatient adolescent psychiatric unit in the 1970s. One serendipitous finding was that the game uncovered previously unspoken or unmentioned areas of discord between parents and adolescents. For example, adolescents would list as an issue the drinking behavior of one or both parents or parental neglect of other family members, such as elderly grandparents. Another finding was that when an adolescent was troubled by delusions or hallucinations, he or she seemed to be more able to keep these symptoms controlled during the course of the game.

My reason for mentioning this old tool is that many treatment systems in place today seem to place the power for deciding in the hands of the older generation, whether that generation is parental or professional. The recovery models, on the other hand, are trying to encourage mental health care professionals to include consumers of all ages in all aspects of the diagnostic and treatment processes.

The topics that cause conflict between parents and adolescents are sex, love, and aggression. Arguments are about how to interpret what is allowed and what is not, and just where the line is, between parent and adolescent, regarding calling in other resources, such as police. Nurses and other professional care providers need to know how culture affects the definitions and determinations of normal and not. Cultural expectations may vary among generations, and further arguments may be about exactly who is the “culture bearer.” Some would even argue that adolescence has a culture of its own.

This issue focusing on adolescents provides articles that should be helpful as the question of normal or not arises. In the first article, Dr. Holly Harner explores the intricate relationships among childhood sexual abuse, teenage pregnancy, and partnering with adult men. Ms. Patricia Crane and Dr. Paul Clements describe how adolescents respond to disasters differently from adults. And, in her article about the needs of adolescent girls who self-harm, Ms. Kimberly Cerdorian highlights important issues related to both understanding the behavior and providing care. In addition, Dr. Robert Howland discusses new data about the use of atypical antipsychotic agents with children and adolescents in the Psychopharmacology Grand Rounds column.

REFERENCE


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