MENTAL HEALTH · OUTREACH

Clinical Approach to Adolescence

From the malaise of our times to each young person's right to find their own path

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1. The metamorphosis of adolescence and the malaise of our era

Adolescence cannot be reduced to a biological phase or a chronological milestone; it is better understood as a 'second birth.' Just as the first birth thrust us into the world to begin existing, adolescence is a time in which we are born into our own desire, discover our sexuality, and begin to write our own story. In our times, this process seems to unfold without pause: in a world of hyperconnectivity where the virtual often ends up replacing physical contact and where quick responses override reflection, the pause this developmental stage demands is seen as problematic.

> *"A vivid image for understanding the adolescent is that of a lobster in its process of metamorphosis: at a certain point it must shed its old shell and is left naked and vulnerable before its environment, while it builds a new one in order to continue its life."*

The same happens to the adolescent: the security and comfort provided by childhood — the childhood body, the protected role, the idealized image of parents — have been lost, but the tools and defenses of adulthood, the new shell, are not yet in place.

It is precisely for this reason that the clinical approach to adolescence in this era cannot be based on instruction manuals or standardized models. There is no typical adolescent — only a singular multiplicity in the arduous search to define one's most authentic identity. This is why the analyst or psychologist is called to a 'one-to-one' practice. Genuine professional help is that which allows each young person to find their own path toward resolving their distress — which is often the very discomfort that arises from this process of change.

Compared with not-so-distant times, we are witnessing very significant shifts today. Authority figures — parents, teachers, institutions — once infallible guides and orienting compasses, no longer carry the same weight. Those semblants that once constituted firm positions against which one could rebel and oppose have now become blurred, leaving the adolescent exposed to the open air of uncertainty. Far from generating a sense of freedom, this context generates demand and pressure. The mandate to constantly choose imposes itself in a world that seems to offer infinite possibilities — and this is one of the main sources of distress in our era.

2. The right to pause and the call to the adult

Some of the issues that appear in clinical work today include modern-day drifting and virtual isolation. Young people locked in their rooms, permanently connected to the internet but disconnected from their social and physical environment, show us a form of subjective paralysis. Virtual life offers ready-made identities that require neither embodiment nor effort. Yet growing in a real and genuine way always requires encounter with others: learning through meetings and misencounters, the possibility of difference between satisfaction and frustration.

In the face of social pressure and the demand to be productive and 'successful' from a very early age, clinical work today must propose the 'right to pause.' It is common to see parents become anxious when they see their child

inhibited, apathetic, or 'wasting time.' Yet that waiting period need not be a dead end; an anxious gaze upon this phenomenon can be counterproductive and leave the adolescent in a position of greater inhibition. Reading this behavior instead as a time in which the young person is trying to build their own answers opens a path toward possibility. Sometimes, the adolescent needs to stop — to pause in order to think about who they are before doing and acting.

> *"Other times the adolescent's symptom — whether rebellion, disengagement, or even more serious behaviors such as eating disorders or addictions — is in reality a call to the adult. What is habitually interpreted as 'wanting attention' is nothing other than a demand for love."*

It is a singular way of saying something that finds no words. For example, when a young person behaves in an 'unbearable' way, they are often testing the adult to see whether that adult is capable of holding their place without 'falling apart' or abandoning their function.

It is easier to say 'my child is hyperactive' or 'they are an addict' than to listen to what may lie behind a given behavior and to accompany the distress of this stage by setting limits and allowing frustration. The clinical approach proposed here seeks to prevent the young person from remaining passive and trapped in fixed meanings imposed by others — real or virtual — and to encourage them to unfold their singularity and difference.

3. Autonomy, privacy, and the new role of the adult

Respect for progressive autonomy is the legal and ethical axis of adolescent care today. This means recognizing that young people are capable of making decisions about their own bodies and health in accordance with their maturity. In the clinical setting, the right to privacy and confidentiality is sacred; it is the space where the adolescent can speak without fear of being judged or betrayed.

The role of adults — parents and professionals — has changed. The model of the 'authoritarian teacher' no longer works, nor does that of the 'nostalgic adult' who wants everything to be as it was before. Today we need adults who know how to pose questions rather than impose closed answers.

Moreover, many current problems arise from the fact that the adult world has 'resigned' from its function. By trying to be their children's 'friends,' parents erase the necessary difference that allows the young person to rebel and grow. The adolescent needs an 'Other' who says 'yes' to their novelty, but who also knows how to set limits that orient their desire.

Integral health at this stage is not merely the absence of physical illness; it is the social and psychic wellbeing that allows the young person to project themselves toward the future. For this, it is vital to guarantee their direct participation in all decisions that concern them. The young person must not be only an object of protection, but a subject with rights.

4. The journey toward a project of one's own

Leaving adolescence means crossing a tunnel. At one end is the childhood left behind; at the other, the 'great world' of adult life. Building that tunnel is equivalent to crossing it: the young person must find a way to name what they feel and to manage their sexuated body.

The function of the analyst or therapist is that of a companion in that drifting. The aim is not to 'cure' the adolescent so that they become normal and submissively adapt to the system, but to help them seek their own motivations, their desires, their own causes. When a subject finds what they like or do not like, what interests them, what feels like their own — that functions as a compass that allows them to move out of a position of passivity.

> *"A good therapeutic process is observed when we notice that the young person moves from being — whether through rebellion or submission — someone who exists in relation to the gaze of others, to someone with projects of their own."*

Good outcomes are decided in a unique 'personal equation,' woven from the threads of chance and destiny. It does not depend on the 'adolescent brain' — as some purely biological views attempt to explain — but on the young person's capacity to invent a new character or semblant with which to present themselves to the world.

The clinical approach to adolescence is a bet on listening. Protecting that crucial moment in which the subject confronts what is new, giving them the time and silence necessary to authorize themselves to live their own life. That, and nothing else, is what adolescences to come need from adults.

Bibliographic references

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