

VIOLENCE - BEYOND THE PRINCIPLE OF LOVE AND HATE

SIMONA TRIFU¹, DANA GALIETA MINCĂ², ELENA DICU³^{1,2} "Carol Davila" University of Medicine and Pharmacy București, ³Complex of Services of Communication, Găiești**Keywords:** crises, adolescence, violence, institutionalization**Abstract:** The title "Violence – beyond the love – hate alternative" represents a metaphor for what we have considered to be the relational quintessence institutionalized teenagers – acting-outs, abuse, suicide attempts, rapes, fast and brutal transitions from idealization to devaluation. The team working with these teenagers is formed by psychologists, social assistants and young referents, occasionally by the psychiatrist physician who has been addressed in the cases of decompensation, and that's the reason why the paper includes also peculiarities of some psychological counseling or psycho-pedagogical attempts, stressing the difficulties resulted from the disharmonic structuring of personality of the affected teenagers.**Cuvinte cheie:** adolescenți, violență, instituționalizare**Rezumat:** Titlul "Violența – dincolo de alternativa iubire – ură" reprezintă o metaforă pentru ceea ce am considerat a fi quintesența relațională a adolescenților instituționalizați – acting-out-urile, abuzul, tentativele de suicidare, violențele, trecerile rapide și brutale de la idealizare la devalorizare. Echipa ce lucrează cu acești adolescenți este alcătuită din psihologi, asistenți sociali și referenți tineri, ocazional medicul psihiatru la care s-a făcut apel în cazurile de decompensare, motiv pentru care lucrarea reunește și particularități ale unor încercări de consiliere psihologică sau psihopedagogică, cu accent pe dificultățile rezultate din structurările dizarmonice de personalitate ale adolescenților în cauză.

SCIENTIFIC ARTICLE OF THEORETICAL PREDOMINANCE

By means of this paper we intend to express the specific problems of an institutionalized center, created for teenagers arriving from families with severe relating disabilities, for whom the Social Assistance Service has decided that it was impossible to continue living in the family. This center operates since 2002, in which there are permanently 47 young people with ages from 16 to 25 years – who live in apartments; there are other 25 places for teenagers with disabilities, 15 places for household violence (couples mother-child – in cases of emotional abuse, either verbal or physical by the husband) and 5 places for neglected and exploited children – with disabilities

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INSTITUTIONALIZED TEENAGERS– AN OVERVIEW

A large extent of such teenagers have a significant I.Q. over the average; normally, they have an elder brother or sister who is a student or who works in the education field. Very few of them keep in touch with the parents; generally the relating problems have been with the father.

No disturbances related to alcohol, drugs addiction or

to mendicancy have been reported at the center, the most frequent claims regarding school abandon. There have been cases when the social assistant or the referent went with them and attended the classes. The fact that they derive from this protected system grants to them priority in being re-integrated in the active school circuit – for instance, there are 18 years old teenagers who attend now the IX-th grade. They reject any natural person or institutionalized teacher, fact which may be regarded as an attempt to build a Super-Ego. The tendency of the classmates and of the surrounding persons is to regard them according to what they say, not to sympathize with them, but their persisting wish is to hide and to hide themselves.

The adolescents, generally do not have adapting-related problems upon their arrival at the center, especially since many of them arrive from orphan asylums and consider the environment here much more favorable. Many of them are abused children and they use among them a specific language to which they pretend that the social assistant and the referent should be acquainted a priori, without the need for themselves to make any effort in this sense; upon the failure to comply with this wish, they hardly tolerate frustration and they manifest fury and verbal violence fury.

THE PRESENTATION OF THE PROBLEMS FROM A PSYCHO-SOCIAL PERSPECTIVE

Psycho-social perspective is marked with multiple barriers in communication correlated with the longing for affectivity and the lack of confidence in themselves. The adolescents feel the need for stimulation in any kind of activity but on the other side we observe the failure to assume the personal responsibility- they demand **everything** from the social assistant – „you must go with me wherever I need, that's why you get paid!”

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Behavior disturbances such as: escape, lie, theft are frequent in this social environment. Incapacity to receive what they are offered – they sell or they even offer for free the received food and clothes makes the personal efforts harder.

Let's not forget the need to be in the center of attention – either by creating problems, or by conversive persistent symptoms – for example: a little girl managed to convince to be bought a hearing aid, although the otoacoustic examinations have proven that it was unnecessary.

The failure to observe the internal regulation, which co-exists with a huge fear of being excluded from the system; it must be mentioned that this fear exists mostly with the ones with high intellectual level.

PECULIARITIES IN EXPRESSING INTENTIONS AND EMOTIONS AT INSTITUTIONALIZED TEENAGERS

The institutionalized teenagers do not manage to overcome the conviction that they are known and treated „as objects”, there being no time left for them to be known as persons. As a result they respond aggressively to what they are offered and they are considered „children whom one has to keep canning” because they do not know another way to receive. They sometimes awake in the auxiliary staff reactions of the type: “give anything to them, just for us to get rid of them!” – receiving by force followed by the feeling of rejection.

Most of the time the teenagers act as if they only had rights, but no liabilities towards this system – „the state must provide for me”. Maybe from here derives also the fact that they do not have the feeling of HOME and they are disturbed if they feel that the assistance staff would like this from them. They escape from a good place and go in unknown

In this way the working team has the main important factor the bidirectional communication. The raising of the empathy to the level of “key” factor in gestures and dialogue.

The accent should also be put not only on the crystallization of an equilibrated personality, but also on the peculiar employment of the psychologist's reaction as a trigger of the wish for change of such teenagers.

In the work with such children, the other becomes that „quick-witted” being, who offers feed-back for the teenagers' endeavor. A genuine counseling with them involves the overcoming of the explicit and implicit messages many times through suggestion – the role of imperative communication.

The label of membership of an institutionalized center involves a strong adherence to this statute, fact which renders relationing much more difficult, and, at last, also the ego-syntony of the feelings. The reaction is induced by the frustrations which generate interest and need for affection. These teenagers often have the feeling of being abandoned, do not perceive the dimensions of counseling, which renders them claiming, which leads to a rejection behavior response by the qualified staff. The ones deeply affected, although they long for a genuine relationship, perceive in another manner the duration of the meetings also during the sittings, **finding refuge in the protection granted by their status**

PATHOLOGY AND PATHOGENY IN THE BEHAVIOR OF THESE TEENAGERS

- Prostitution– in particular at the Romany teenagers, in the cases when it has been acknowledged that the natural mother has been the one who has led her daughter to prostitute; there is a contract of collaboration with the police of the town in which they attempt to break the chain
- Physical violence– is the most intense in the same frater and in particular in the case of the ones of Romany ethnics; it represents an acting-out which adopts the form of a primitive behavior in which the disputes initiate from food, some few from money

- Verbal violence– even against the psychologist, the social assistant or the referent assisting them

Behaviors of division of the staff in „good” and „bad” concomitant with subsequent transitions from idealization to devaluation, which involves also other state institutions and which produce massive conflicts between them and the ones care who attend them, between the staff of the Center and the upper forums– for example: a group of teenagers who have complaint at the church that they were not well attended.

The structuring of a disharmonic personality, predominant of B cluster, basically borderline and antisocial, the starting point being the chronic emotional deficiency, which involves a mechanism of the type: however much were these teenagers offered, there is insufficient left, since they lack the pattern to be able to receive. They arrive to feel dissatisfaction, to the devaluation of the others, and when they become aware of the mechanism which they have activated – occurs the escape

Major psychiatric symptoms – they are accused of mythomania (compulsive lying disorder), they address dissociate defenses, to major converies, to projection and even to undissimulated suicidal attempts, since the mechanisms are mostly unconscious. Depressive episodes when they do exist, they overlap the hereinbefore detailed personality structures and they are caused less by a per se endogeny.

EXPRESSING – UNDERSTANDING

Rapes– there is an abuse in the history of many of these teenagers. It is hard to investigate the extent to which we deal with a case when the beginning of the sexual life occurred through a rape (there have been cases when the police investigations have established this), to which extent the victim's behavior may be incriminated as trigger (there being here money mirage and the pressure of the group of belongingness when such events have occurred in the history of the other girls) or if it is only a phantasmagoric trauma

The psychologist often communicates to them cognitive or sensorial messages relying on his/her own experience, which makes such teenagers feel trustless, since they know that they do not reveal themselves to somebody similar to themselves. The teenager receives the messages filtering them from the perspective of his/her knowledge, employing a maximal deformation of the information, since communication occurs much in the blind window pane, the unconscious functioning revealing unexpected, negative behaviors and for them, in this hide game, lose a huge quantity of energy.

APPROACHES BY THE PSYCHOLOGIST OR BY THE SOCIAL ASSISTANT WHICH HAVE BEEN PROVEN TO OPERATE AS BARRIERS IN THE RELATIONING WITH SUCH TEENAGERS

Reactions of the type “control yourself”, message which paradoxically consolidates the dysfunctional behavior patterns, which provide reasons for disharmonic personality features and lead them to externalize more and more symptoms from the psychiatric sphere

Messages like: “the stoic acceptance of the reality” or advices presented much too brutally or without conviction makes the communication between the working team and patient very difficult even impossible to keep. Sometimes the huge gap between the advice which they need and their inability to apply such advice creates a new barrier in communication. The contradiction of the received messages with the needs of the person brake the fragile link born between the two persons.

The attempts of the staff to ask them are immediately interpreted as an inobservance of the privacy; they always prefer the model of a relationship basically relying on being listened.

A therapeutic relation relying on trust is often

insufficient, since they want **everything** from the other, and if the psychologist or the social assistant missed the proper moment, there comes the consciousness or the unaware refusal by the teenager to apply in practice the received **solutions**.

We can identify two types of barriers: external and inner barriers. In this way in the external barrier we can include: the cultural matrix – when it is characterized by specific common laws with deep signification (such as in the case of Romany people) or by parents with antecedents of proxenetism, jail, alcohol addiction, the option to succeed in redeeming oneself or not is much distant from the voluntary control; The duration of the meeting – from insufficient to redundant messages (there is a capacity of such teenagers to receive the messages)

A significant risk consists in the dependency upon the status of sick or of hospital – it's about those teenagers who have been hard to convince at the beginning to accept a psychiatric visit or a recovery when there is the fear of a decompensation, following which they regard recovery as a labeling, fact which leads to a progressive diminishing of the volitional effort to keep one's own pulsions under control, they externalize in short-circuited reactions of fury and in ielastic crisis, compelling practically the physician to plus the diagnostic and later on, they will enter in the psychiatric circuit, eventually requesting further on handicap certificates.

From the spectrum of inner "barriers" we can identify: the psychologist's too deep involvement in the content of the teenagers' messages – significance of his/her own fantasies; the fear, paired more or less with the teenager's shame; the therapist's fear of acknowledging and of admitting the lack of feeling in a specific relation; the embarrassment in asking specific questions; subjective assumptions relying on an older experience; the unconscious wish to control the life of these teenagers; a too much big wish to help them; the disclosure of their secrets; the emotional connotation of specific words.

INFORMATION – AS A FIRST NEED OF THE INSTITUTIONALIZED TEENAGER

These teenagers have many preconceptions resulted from the painful experiences or from the fear of being stigmatized and come to discuss with the psychologist or with the social assistant to the sole purpose of checking or perhaps even validating their own thinking. Their counseling involves relationing, communication and help. Advising is a basic need of these teenagers, since at difference from the others of the same age, they are characterized by: limited resources and knowledge, improper individual reactions and strategies, disabilities and forged existence

In the Center we do not establish extensive psychotherapy targets, but rather a process of maturing, of affective progress in order to increase the ability to adopt decisions, in order to solve special problems, the „fight“ against the emotional crisis, the processing of inner conflicts, the improvement of the relations between them and the others. The attempts of each and every teenager should be stimulated in part and his/her personal values respected

The important elements on which the relation with these teenagers is grounded are based on the precise delineation of some purposes relied on one's own conviction on world and life. Positive examples together with motivation- trust, commitment and wish, also supported by resources offered by the staff, help to draw a bilateral direct communication relation.

METHODS OF „INTERVENTION“ IN CASES OF EMOTIONAL CRISIS

The intervention in crisis involves first of all helping the teenager talk. Here a series of instruments are used to enter in the crisis reason: open questions, "Tricks" - "What's your

opinion about?", reflection, reformulation, expression in complex but simple terms, the ability to encourage – close examples, non-verbal messages – in order to express the interest

The advice - Advice can have two styles: directive one and non-directive one.

The weak point of directive advice would be that one may reach to a coercive persuasion with punitive valences. These teenagers, taking into account their special condition and social status, require such an attitude, in which responsibility belongs less to oneself and moreover, to be able to think extra-punitively.

The non-directive style involves a facilitating attitude, of support and of neutrality. Is a cathartic method, in which the other accepts the emotional reliefs, remaining supportive. The risk which might occur is that the teenager delegated the authority – „you tell me what to do!“ – trap in which one may easily fall, because the „maneuver“ is flattering

What counts most are the peculiarities of the personality of the affected one, since the advice must be „dropped“, discouraging a much too active a role of the psychologist (imposing the opinion of the same is sometimes experienced as an aggressiveness). The importance of that self-awareness – for the therapist to control his/her own words, emotions, to keep them „under control“.

There is still the problem regarding involvement – from „entering with emotional support“ to offering advice, internal dependant oscillations and of sudden transitions of such teenagers from **idealization to devaluation**

THE COUNSELING DESIDERATUMS OF SUCH TEENAGERS

The hope for the things to get better in the future – creates to the ones who are demoralized, restless, powerless and helpless, the feeling of self-efficiency. It may be considered an element of suggestion.

A new view upon him/her and upon the lived situation – by offering information on emotional perturbations and on the alternatives to overcome the deadlocks. Here comes the likeliness of a new perception. It's about another explicative system which should be apprehended.

A friendly assistance relation – the attentive listening, the sympathy and a doses of optimism gain their trust

The building-up a good social network of emotional support – the resilience (protective) factors necessary for support and assistance. One should not forget their wish to be supplied an internal regulation policy, since we deal with emotionally disintegrated persons, with insurmountable tensions created by confused visions upon life. One should find compensations and build-up the individual responsibility in order to fight against passivity and resignation, especially since the values-related issue is currently, a macro-social issue.

It becomes more and more important the content, the processing and the rendering operational the life situation which the teenager brings into discussion. The decision remains at his discretion, but the therapist is involved in the clearing-out of the things by means of his/her fundamental position on world and life. The essence continues to consist in preserving an attitudinal continuity. One should stress the quality of the relationship – unpossessive warmth, genuineness and comprehension of the feelings. The other becomes an advisor, an Imago – person of reference to whom the teenager adheres. His/her fantasies operate mostly during the periods between meetings, leading to an impact, to a variation of the perception.

Although the scope depends on the life issue effectively presented and by the teenager's conceptual system, we should omit from consideration the „local“, „ad-hoc“ settlement – which depends on habits and on culture. In case the

offered therapeutic solution was in total disagreement with the teenager's previous educational patterns, or „a priories” (in the meaning of unconsciously built-up), it appears a break, a discontinuity, on which the equilibrium, the equilibration or the re-equilibration seem flimsy.

TRANSFER AND COUNTER-TRANSFER

In working with such teenagers, the transfer of problematic and of aggressiveness is extensive, and this is the reason why when the communication breakdown occurs, the other is perceived on a hostility position. The transfer belongs to a pattern expectation of the respective teenager, of a preformed image on authority and on an ideal Ego related to knowledge, on the power to change the course of one's life, on the social position and on the affectivity source. In case his expectations were deceived there comes rejection and defamation

In the particular case to which we refer there is a higher risk of negative counter-transfer, since we deal with claiming, unpleasant teenagers, who demand a lot from us and to whom we perceive as therapeutic failures. Especially since many times, they actually get in contact with a negative experience related to their affective-relational attempts, reason why their relation must be well-defined, the competition should be avoid and the sympathy and comprehension must be offered, in order to make them more „forgiving”.

Nevertheless, any relations should limit itself to offering as much encouragement as the real support of their life situation allows. The extreme risks would be represented by alexitimy or by a deformed and defective para-communication by means of the suffering body

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