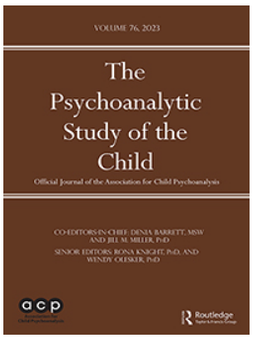

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A Two-Systems Engagement with the Psychoanalytic Model of Adolescence

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A Two-Systems Engagement with the Psychoanalytic Model of Adolescence

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ABSTRACT

In this paper the authors address the strengths of the traditional psychoanalytic model of adolescence, but suggest that it applies mainly to disturbed young people and misrepresents the majority of well-functioning adolescents. This blurs distinctions between normality and pathology, affecting diagnosis and clinical technique, promoting as well a skewed image of the phase in the general culture. To redress this difficulty, the authors propose revision and elaboration of the classical model through the addition of a perspective based on a developmental model of two systems of self-regulation that effectively describes the full range of functioning and generates a wider repertoire of techniques. Using data from 38 published cases, they counter some traditional premises, demonstrating that psychoanalysis can be the treatment of choice for disturbed adolescents, as it is highly effective, accepted by most adolescents and their parents when it includes concurrent parent work, and can be brought to proper termination with improved outcomes.

KEYWORDS

Adolescence; analyzability; empirical data; two-systems model; separation; transformation; therapeutic alliance

In Sugarman's introduction to a 2022 PSC section on "Contemporary Child Analytic Education" he notes both the ignorance of and resistance to new ideas that persist among some professionals in the field and states the urgency of the need for evolutionary change, if the field and practice are to survive (Sugarman 2022). Many factors have contributed to this state of affairs; we suggest that one important arena for change is the traditional psychoanalytic model of adolescent development, functioning, and treatment.[1] In this paper we will address the strengths of the old model, point to areas that we think need revision, expansion, or elaboration, and consider the benefits of a two-systems perspective for changes in theory and technique.

We have expressed concern about the nature and general applicability of the traditional single-track[2] psychoanalytic model of adolescence (DeVito, Novick, and Novick [1994] 2000), but we were by no means the first analysts to do so. Although Anna Freud formulated the most comprehensive descriptions of adolescence in our field (1936, 1958, 1969), she also decried the paucity of psychoanalytic understanding – "The position with regard to the analytic study of adolescence is not a happy one, and especially unsatisfactory when compared with that of early childhood" (1958, 137).

A model is neither true nor false; it is a more or less useful heuristic aid to research, teaching, or clinical practice. A model is also not reality, but a way of comprehending, organizing, and effectively interacting with realities. There should be a dialectic between the

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model and the reality it relates to. As the psychoanalytic model helps us understand adolescence, our increased understanding should enable us to reexamine and reshape the model in accord with our new experiences. So, as we think of adolescent development as outlined so far by psychoanalysts, we are asking in this paper whether this model fits with our current knowledge of adolescence in both western countries and around the world. Does it challenge some of our assumptions and help us to focus on some hitherto ignored areas of adolescent functioning? Does the model stimulate us to ask further questions and can we then challenge the model to incorporate the new findings and change those postulates which not only seem wrong but create obstacles to our understanding and the effectiveness of our treatments?

For many years, we have been building on our clinical work on sadomasochism and the defensive omnipotent beliefs that organize it to postulate two mental systems of self-regulation and conflict resolution, both available as potential responses to helplessness or the threat of helplessness at any point in life. The "open" system is attuned to reality and characterized by joy, love, competence, cooperation, and creativity. An open system generates a response to trauma and helplessness that is competent and effective, based on mutually respectful, pleasurable relationships formed through realistic perceptions of the self and others, open to experience from inside and outside, and thus generative of creativity in life and work. The "closed" system avoids reality and is characterized by sadomasochism, omnipotence, and stasis. In responses issuing from within a closed system of self-regulation, the active search for pain and suffering changes experiences of helplessness into structured hostile defenses. The organizing assumption in this defense against traumatic helplessness is one of magical power to control the other by being a victim or a perpetrator (J. Novick and K. Novick, 1991, 1996a, 1996b, 2001a, 2016; K. Novick and J. Novick, 1998).

Open- and closed-system responses are available to any one of us at any challenging point throughout our lives. They are not diagnostic classifications and do not differentiate people. Each response, whether organized on the basis of open-system functioning or closed-system functioning, represents the person's most available effort at the time to meet legitimate basic needs. Each phase of development contributes a strand to the formation of open- or closed-system habits of conflict resolution and self-regulation, which in turn affects development in each subsequent phase, and operates through "deferred action" (Freud's "nachträglichkeit") to revise the memory and meaning of earlier phases (Novick, K. and Novick, J. 1994; Novick, J. and Novick, K. 2001b).

What we propose to examine in this paper is why and whether and how our developmental model of two systems of self-regulation can offer useful additions and amendments to the traditional psychoanalytic model of adolescence. We will organize this effort by comparing and contrasting elements of the traditional model with a two-systems description.

Definition of adolescence

A basic confusion concerns which adolescents we are talking about. The database for the classical psychoanalytic model of adolescence has been derived primarily from the intensive study of neurotic adolescents, young people in treatment, more specifically in Western, Educated, Industrialized, Rich, and Democratic societies (with the acronym of WEIRD) (DeVito, Novick, and Novick [1994] 2000; Henrich et al 2010). We must factor in the social

and personal historical origins of this model of adolescence, a model perhaps more influenced by Anglo-American sociocultural values of self-sufficiency, autonomy, and personal responsibility than heretofore acknowledged. These values long predate the beginnings of psychoanalysis. As Young-Bruehl noted, "'Adolescence,' like 'gender,' refers to a process of social construction. . . . . Adolescence reflects the sum of prejudices directed at puberty in any given societal time and place" (1996, 328). In 1936, 1958, and 1969 Anna Freud graphically described a so-called "normal" state of adolescent turmoil, which G. Stanley Hall (1904) had earlier called "the *sturm und drang*" of this period.

Herein lies our major definitional challenge, with the generalization from pathological adolescence to a description of what is supposedly normal and expectable for all adolescents. It is an *excellent description of adolescent disturbance*, with Anna Freud's enriched conceptualization the most accurate and generative, but it is presented as universal across cultures and normal. An amended model might help us and the public sooner and more effectively differentiate health from illness, whatever the cultural context.

Offer was one of the first psychoanalysts to question the traditional psychoanalytic view of normal adolescence, with his important longitudinal research on the functioning and development of a nonclinical population of teenagers (1969, 1991; Offer, Ostrov, and Howard 1981). Other psychoanalysts have been slow to assimilate his results: 23% of his subjects showed "continuous growth," progressing smoothly through adolescence, along with changes in their parents; the "surgent" group comprised 35% of the young people, functioning as adaptively as the first group, while developing more in spurts. We would describe these two groups of adolescents and their parents as generating open-system responses to the challenges of adolescence. Only 21% of Offer's sample were characterized as "tumultuous," experiencing more major traumas and difficulties, with overt clinical problems and poor parent-child communication, what we would describe as generally closed-system responses. The latter group nevertheless also included honor students and average students. As with any group that is the target of a stereotyped, narrow characterization, even this brief summary demonstrates that there is more complexity and variability among adolescents than is presented in the classical psychoanalytic model. No one functions only in one system all the time.

We suggest defining adolescence more broadly as a fulcrum of development, with manifestations of health and pathology in different configurations for each individual. We see adolescence as a phase in its own right, with its own tasks and achievements, an arena in which the vulnerabilities and strengths from all prior levels of development are tested, renewed, changed, and consolidated. Past or current challenges can be mastered or can render the young person helpless, evoking more drastic or dangerous responses.

The traditional model defines adolescence in terms of developmental disturbance that recapitulates the conflicts and coping mechanisms of earlier phases. Ernest Jones (1922) borrowed the theory of recapitulation of early phases from G.S. Hall (1904) to extend Freud's idea of the revival of oedipal wishes at puberty. However, Jones's view is more far reaching, as he claims that all of the infantile phases are recapitulated at adolescence, a view that has influenced most psychoanalysts since, for instance, Peter Blos, Sr., who wrote about adolescence as a second separation-individuation phase (1967; see also Burgner 1988; Parsons 1990).

Not only does this description rely solely on a one-track linear model of development, but it also underestimates the impact of adolescence as a critical phase for consolidation of

patterns that will define adult functioning. Omnipotent, sadomasochistic, closed-system functioning can appear in every phase of development, but adolescence, with its task of coming to grips with the reality of self and others and the reality demands of the world, is a time of consolidation of character and personality. Open- or closed-system functioning becomes structured as the predominant mode of self-regulation. If predominantly closed-system functioning is not set aside at adolescence, it can become a lifelong addiction (Rathbone 2001). Instead of thinking of adolescence as a developmental disturbance, we think of both open- and closed-system self-regulation potentials in each adolescent.

Unrealistic, omnipotent beliefs and fantasy solutions may be maintained through the early school years but adolescent changes make it increasingly difficult to deny, distort, or avoid reality. The reality of adolescent growth, with the capacity to put wishes into action, demands transformation of earlier fantasy solutions. The accomplishment of the adolescent task of taking ownership of a mature sexual body requires relinquishment of the assumption that one can be both male and female. The experience of genital pleasure makes untenable the notion of oedipal equality and requires acknowledgment of generational differences. Coalescence of an autonomous identity contradicts fantasies of merger and ideas of indispensability to the primary object. Acceptance of the realities of time, choice, and personal limitations necessitates abandoning the convictions that one need never grow up, have to choose, give anything up, grow old, or die. All of the developmental tasks of adolescence require a transformation of the relation to reality and fantasy, as part of the integration of the mature body and self. Failure at this stage will have a profound impact on adult functioning.

Goals of adolescence

Phases in growing up are often characterized in terms of their developmental goals or the particular challenges to be mastered during that time. The fundamental outline of the traditional psychoanalytic view of adolescent development is contained in Freud's Three Essays (1905): He describes the major tasks of adolescence as the repudiation of infantile relationships and desires, the detachment from and opposition to parental authority, and the establishment of nonincestuous sexual relationships and a mature set of ideas, values, and morals. As noted earlier, later writers added a central emphasis on recapitulation of earlier phases, especially a second iteration of separation-individuation (Blos 1967). The work of Erikson (1959), Edith Jacobson (1964), Ritvo (1972), and the Laufer and Laufer (1984) expanded our knowledge of late adolescence and brought a series of adolescent sub-tasks to our attention. Foremost remain the tasks first emphasized by Freud, the relinquishment of infantile relationships and desires.

Separation or transformation?[3]

Given that adolescence represents a watershed of massive changes in body, mind, self, and relationships, we consider that transformation as a major goal of this period makes more sense than separation. The traditional linkage of separation-individuation has had unfortunate fallout for our theories and in its cultural impact. We propose that these terms and the underlying concepts should be unhooked from each other, allowing issues of separation to stand apart from the life-long line of development of separateness/autonomy through the

ongoing process of individuation. From a two-systems perspective we characterize the goal of adolescence to be transformation of relationships with self, parents, and others.

Adolescents in treatment often think of their feelings, actions, and selves in a primary process, concrete, and totalistic way. Schafer (1976) described this mode of thinking in troubled adolescents and suggested that psychoanalysts have imported adolescents' metaphors into our theory. Rather than remaining at the level of description of adolescents' subjective experience, the primary process metaphors have been used as explanatory concepts. When an adolescent insists on separating from the analyst, A. Katan's concept of "object removal" (1951) has been invoked to normalize this acting out or it has been formulated as a " . . . legitimate need to leave treatment as part of his growing up" (Erlich 1988, 210). Anna Freud described the adolescent's propensity to break off treatment as "his legitimate way of reliving the urgent need to break his family ties" (1971 [1968], 107). Isay made an explicit equation when he suggested that the "cultural expectation of independence initiates the second separation stage of adolescence [which] in American society coincides with the departure for college" (1991, 454). The culturally traditional Anglo-American reliance on physical separation to accomplish psychological tasks has been incorporated into psychoanalytic theory and then reexported into mainstream culture, so that parents and adolescents alike expect young people to want to leave (DeVito, Novick, and Novick [1994] 2000).

In contrast, we have suggested that displacement of incestuous wishes to the analyst and subsequent flight from the treatment may constitute a negative therapeutic motivation to be addressed therapeutically as closed-system pathology and not rationalized as phase-appropriate separation (J. Novick and K. K. Novick 1996b). In our clinical experience, we have found that there is no intrinsic connection between physical separation and internal transformations; sometimes they can go together, but often we have seen that physical separation impedes individuation and independence.

Many more specific goals follow from the two-systems perspective, including the integration of mature sexuality with love, and the capacity to maintain the distinction between assertion and aggression. With a two-systems model we have developed a new understanding of the role of omnipotence in mental life. Rather than the classical view that the failure of "normal" omnipotence impels the child to turn to reality, we suggest that it is the failure of reality that can force a person, at any point in development, to turn to closed-system defensive omnipotent solutions, using magical thinking to protect themselves from the threat of helplessness. These solutions are bound to have an ultimately pathological effect, since they involve denial of time, gender, generation, mortality, and the rules of the physical world and society. Anna Freud's emphasis on the potential traumatic impact of helplessness as underlying all the other anxieties in the classical sequence is noteworthy here (Sandler and A. Freud 1983). This consideration takes on particular urgency at the end of adolescence, when a major developmental task is to set aside old omnipotent solutions in favor of realistic alternatives in moving into adult choices of work and partnership.

All of these developments tend toward greater harmony among the pleasure, reality, and growth principles. From the point of view of psychoanalytic theory, we find Young-Bruehl's detailed study of Freud's conceptualization of ego instincts compelling. She derives a third organizing principle, a "growth principle" that has the same force and quality of drive as the pleasure and reality principles (1999).[4] On this basis, we suggest that the goals of adolescent development should include the transformation of the relationship among the pleasure,

reality, and growth principles. For the adolescent operating predominantly in the "borderland" organized by closed-system functioning (Hughes 1884; Russell 1884), the principles remain in opposition, so that what is real is not pleasurable, and pleasure resides in unreal magical fantasies and beliefs that undermine growth. With open-system functioning, what is real is pleasurable and conduces to progressive development.

A two-systems reformulation along these lines places adolescent development at the center of what has gone before and what will come afterward. We can simultaneously hold the idea of transformation throughout the life cycle alongside an understanding of the particular role of adolescence both as an opportunity for change of old solutions and a time of consolidating patterns of self-regulation which may or may not alter going forward.

Salient characteristics of adolescence

In this section of the paper we select some aspects of functioning that have been considered central to the phase, essential dimensions of experience that supposedly differentiate adolescents from either children or adults. We are looking here at differences between a traditional formulation and what we might gain from revisions offered in a two-systems conceptualization.

Secrecy and privacy

In various writings on both development and technique, we have noted the classical emphasis on the idea that normal adolescents need to keep thoughts, wishes, and activities secret from parents as part of the growth process; or that adolescents need allies in some inevitable clash of generations, in a "normal" need to rebel against all authorities (J. Novick and K. K. Novick 2008, 2019). But authors who address issues of secrecy generally describe negative effects on development; for instance, Akhtar states, "Secrecy stops ego-growth by keeping a psychic sector frozen in time. It also exerts a deleterious impact upon interpersonal relationships by robbing them of fullness and honesty" (2019, 10). He points out that secrecy is related to shame and carries sadistic potential. We have characterized secrecy as "motivated withholding that is often hostile and can carry a connotation of knowledge used to feel powerful in relation to excluded others" (2019, 53). Secrecy can widen the gap between people and between generations, creating barriers to love and intimacy, pushing relationships into a sadomasochistic, closed-system pattern.

In contrast, we see privacy as a given of mental life, a developmental line that is a manifestation of the essential separateness of each individual from birth to death (J. Novick and K. K. Novick 2019). Here the distinction addressed above between separation and transformation comes into play again; a two-systems formulation of a transformative goal for this phase of development clarifies an essential difference between areas of pathological secrecy and the possibility of fruitful sharing of oneself. Differentiating between privacy and secrecy gives therapists the needed vocabulary to explore family secrets, parents' secrets, and the adolescent's secrets. Failure to make the distinction can leave the analyst vulnerable to a silent countertransference, an internal resistance to engaging with areas of the patient's privacy, which can then have the destructive impact of turning private matters into powerful secrets.

Feelings

Intensity of feelings, wild emotional fluctuation and mood swings – these may be the most frequent and vivid of the descriptors of adolescence in the classical psychoanalytic literature, the apparently quintessential "sturm und drang." This dramatic and romantic view, however, seems to have more to do with characters from literature than with the ordinary course of adolescent functioning. The suicidal young Werther or angry, disaffected Holden Caulfield are not typical teenagers (Salinger 1951; Von Goethe [1787] 2012). But they do exemplify pathological patterns of managing feelings. How a person regulates their emotions is a major diagnostic indicator and it is important not to lose its utility by conflating normality and pathology. Blurring the boundaries between normal and pathological impairs the usefulness of the model for understanding and treating adolescent pathology.

Let's look at how a two-systems perspective might enrich our understanding of a feeling experienced by all adolescents and what it offers to help differentiate constructive, creative responses and those that conduce to misery and the development of symptomatic, sado-masochistic solutions that slow down or halt progressive development. Loneliness is an affect like any other. Like all emotions, it is a response to a stimulus and directs the psyche toward understanding the nature of the situation and choosing what to do about it. There are stimuli for this response throughout ordinary life, but the peak times for the experience of loneliness seem to be adolescence and old age. This makes sense, when we acknowledge that those are the two phases that bring the greatest demand for adaptation to change and loss.

For adolescents, there can be terrible fear of the loss of an earlier self experienced as omnipotent, which served them well enough in childhood when reality was not very demanding. A major characteristic of adolescence is the increasing impingement of reality from inside and outside. If adolescents cannot find a new resolution of the relationship of the pleasure and the reality principles, they can feel helpless, with no alternatives. If loneliness is experienced as an overwhelming state, swamping the individual (which equates to the definition of trauma), the likely next psychological step is to invoke an omnipotent defense against that helplessness and embark on the vicious cycle of closed-system functioning. Much adolescent pathology is related to maladaptive defenses against the intrinsic loneliness of adolescence (Barrett, T. 2008; K. K. .Novick and J. Novick 2015).

It is also possible for the individual to respond to the signal of loneliness in an open-system way, with adaptive creative action, such as choosing a pleasurable solitary pursuit, finding a friend or partner, engaging in creative activity, finding a compatible group, a passion, a career, and so forth. In the context of the therapeutic alliance, adolescents in treatment have the opportunity to engage with an adult who exemplifies adaptive alternatives to closed-system solutions, with whom he can practice new adaptations and coping mechanisms, and develop "emotional muscles" as his ego grows and strengthens (K. K. Novick and J. Novick 2010, 2011). Most importantly, these transformations serve as higher-level responses to loneliness and change (cf. research on defenses in Cramer 2000, 2006, 2012; Porcerelli 2012).

Some years ago, in trying to learn more about the acuteness of the fear of loneliness we saw in many adolescent patients, we set out to explore the idea of a developmental line of responses to this signal affect (K. K. Novick and J. Novick 2015). This turned into an illustration for us of the helpfulness of looking at loneliness (or any phenomenon) through

the lens of a two-systems model. We summarized our findings in a table describing two-systems responses to loneliness from infancy to old age. We reproduce here the adolescent sections of the table both to exemplify our point and to add more detail to demonstrate the generativity of the model.

SIGNAL AFFECT OF LONELINESS
TWO-SYSTEMS RESPONSES BY DEVELOPMENT

Phase and Challenge of Loneliness	Open-System responses	Closed-System Responses
EARLY ADOLESCENCE Am I the only one changing so fast?	Tolerance of separateness and differences Accepting the reality of changing body Increasing tolerance of uncertainty and mix of social success and failure	Use of body to negotiate social world and pressures from inside and outside Losing self/vulnerability to peer pressure
MIDDLE ADOLESCENCE Can I feel grounded within myself and my group?	Whole-person relationships with others Balance of separate and together experiences Self-image grounded in real time	Narcissistic object choices; dominant/submissive interactions Retreat from social life Denial of time; feelings experienced as endless
LATE ADOLESCENCE Can I trust that I will get through this transition and arrive at a secure place in love and work?	Transformation of relationship to self and others Pleasure in relationships with all ages Respond to signal loneliness with pleasure in solitude and creativity	Persistence of omnipotent defenses against experience of feelings, especially loneliness Escalating desperation and acting out School and/or work failure Murder/suicide

Starting, continuing, and ending treatment

Why are adolescents so often designated as unanalyzable? Part of the answer is general, since high attrition rates are found in a variety of settings with a variety of psychotherapeutic techniques on a variety of subsamples of the population, and this problem is found in general medicine as well. A review of the literature on the problem of "adherence" in behavioral medicine indicated that between 20% and 80% of patients do not follow their regimens and recent reports put the figure at around 50%; a study of treatment endings in an outpatient child and adolescent clinic found an attrition rate of 81.5% (Fernandez-Lazaro et al 2019; J. Novick 1982a; J. Novick, Benson, and Rembar 1981; Pomerleau 1979). But is there something specific to adolescents that makes them unanalyzable, something different from children or young adults?

There seems always to have been trouble getting teenagers to enter treatment, to stay, and to end constructively. One of Freud's first published cases was the treatment of Dora, an adolescent who terminated analysis prematurely (Freud [1901] 1905). We have referred to Winnicott's negative assessment of adolescence as a disease needing a cure (J. Novick and K. K. Novick 2023). This generally held pessimism continues in remarks of Anna Freud's, that "analyzing adolescents is like trying to run after an express train" and "we may have to face that adolescents are not truly analyzable" (Panel 1972, 135).

In a 2000 paper on cultural interferences with listening to adolescents, we said:

> "It is noted by many that a majority of adolescents withdraw early in treatment. Those who stay are said to be unable to form a workable transference or transference neurosis and very few adolescents reach a point of mutually agreed termination. Blos (1980) summarized his years of experience with adolescents by stating that a transference neurosis cannot be formed until the end of adolescence, a remark which echoes a view stated earlier by Berman that "the adolescent does not have the capacity to regress and develop a transference neurosis" (Panel 1972, 135)" (DeVito, Novick, and Novick [1994] 2000, p. 81).

It appears that there is nothing to do about this, since the hypotheses advanced in this classical view imply deficiency in the adolescent and clinical inability in the analyst to access relevant conflicts and defenses constructively. We have tried to counter this attitude with study of factors related to the variety of transferences in adolescence, looking at the need to engage with defensive externalizing transferences early in analysis and renewed reversion to that stance in the face of impending termination (J. Novick 1982b). A two-systems model lends itself to such detailed examination, by including the idea that closed-system defenses are serving legitimate needs and cannot be set aside until open-system alternatives are available. Only then will a whole-person transference emerge, available for analysis with familiar interventions.

Martin Bergmann called termination the "Achilles heel of psychoanalytic technique" when he wrote of the paucity of training and discussion of termination (1997, 163). Our efforts to look at termination issues over many years from the 1980s to the present (see, for instance, J. Novick and K. K. Novick 2006, 2022), using a two-systems lens to explore sources of threat to the treatment alliance throughout all phases of treatment, have yielded much improved adherence and a greater sensitivity to a range of potential difficulties. Nurturing and expanding open-system functioning calls upon an additional repertoire of techniques related to the therapeutic alliance and the multiple roles of the analyst, beyond serving only as a transference object. The concept of a therapeutic alliance with particular tasks at each phase of treatment links directly with a two-systems model: Each alliance task represents an operational definition of open-system goals and development (J. Novick and K. K. Novick 2016).

The therapeutic alliance among all the parties to treatment – parents, therapist, and adolescent – is essential and derives from open-system capacities and focus. The open system provides alternatives to pathological defenses by strengthening emotional muscle. Our own work on the therapeutic alliance (K. K. Novick and J. Novick 1998, 2012; J. Novick and K. K. Novick 2000, 2004) and the literature in allied fields (Frieswyck et al 1986; Gelso and Carter 1985; Heinssen, Levendusky, and Hunter 1995; Horvath and Greenberg 1994; Karon 1989) have demonstrated its importance for treatment maintenance and outcome. Here we are highlighting the interrelationships among the open system, the therapeutic alliance, and engagement with reality. The relevance to adolescent development, with its emphasis on reality, is clear. Mastery of alliance tasks and internalization of the therapeutic alliance build on and promote open-system consolidation, which in turn facilitates passage through adolescence.

The child analytic pioneers were eager from the start to demonstrate that child analysis followed the same principles as adult work (Freud, A. 1966); we suggest that this emphasis created a built-in limitation to exploration of the full possibilities of child and adolescent work. Just as adult practitioners skipped over attention to termination, there was also little attention to the role of parents and family in child or adolescent treatment. Our two-systems model derives from our ongoing work on sadomasochism and therefore includes

attention to pathological patterns of relating, including those between parents and children. One source of premature rupture and termination of child and adolescent treatment is the presence of a negative therapeutic motivation on the part of a parent or parents and the negative therapeutic alliance between parent and child that may ensue (J. Novick 1980; J. Novick and K. K. Novick 1996b; K. K. Novick and J. Novick 1998). This brings us to our next important sections, looking first at the role of parents in the developmental conceptualization of adolescence and then in the treatment of adolescent patients.

Role of parents

In the classical model of adolescence emphasis remains on the tasks of relinquishing infantile relationships and desires, the overthrow of parental authority, and the establishment of a mature set of ideas, values, and morals. Little or nothing is said about the role of parents during this time of dramatic discarding of parental images, except for the concern that they might pose an interference and the expectation that they are supposed to back off. Esman writes about a period of "relative objectlessness" following object removal at mid-adolescence (1991, 287). If the adolescent does not succeed in replacing abandoned parental objects, loneliness, depression, or suicide may follow. Both Esman and Blos (1974) point out that mid-adolescence provides an opportunity to reshape the superego, the ego-ideal, and the ideal self. Failure can have dire consequences, but the positive availability of parents is not considered as a resource in the classical description.

Terms used by classical authors include "breaking the tie," "detachment," "object removal," "disengagement," "shedding," "revolt," "liberation," "complete discarding," "repudiation," "opposition," "withdrawal of affections," and so forth. These strike us as sounding very all-or-nothing, even violent, as if there can be no useful ongoing continuity of attachment and affections between parents and grownup children. The language matters, because it gets taken literally by both colleagues and people in general in the culture. Dichotomous thinking is a characteristic of closed-system functioning; therefore these descriptors for change in the parent-adolescent relationship seem to us more to reflect adolescent patients' closed-system fears and fantasies about progressive development and its meaning, rather than an objective view of the possibilities of internal transformation.

In Anglo-American-influenced cultures, teenagers and their parents seem to have incorporated the idea of separation as an expectation and positive goal. There is no other phase of life when parents or other adults are expected to not just tolerate, but actually facilitate, the young person's "need to rebel," be provocative or rejecting. No one would accept either a younger child or an adult snarling "get off my back" or "mind your own business" when asked about their day! Adolescents are encouraged to engage with and share only with peers, a manifestation of the confusion between privacy and secrecy discussed above. Parents and adolescents worry that the wall of secrecy will be breached and everyone will be faced with issues that could cause profound and disturbing conflicts. At the younger levels of middle school and high school, this tends to take the form of rationalized "turning a blind eye," lack of supervision and common sense on the part of parents, with denial and grandiosity on the part of younger adolescents. Older adolescents are sent off to college with a wink and encouragement to sow their wild oats, but not to tell parents about it.

Our concern is that this model rationalizes the creation of a vacuum for adolescents, one that is easy to fill with peer influences, excess media input, dangerous/addictive methods of

regulating feelings, extremist affiliations, gang or cult memberships. Modern research describes a neurodevelopmental gap for adolescents when growth in limbic/subcortical systems temporarily outstrips the development of frontal lobe functions, that is, impulsivity and emotion prevail over control and self-regulation (Giedd et al. 2009; Lenroot and Giedd 2006; Vink et al. 2014). Just as we see a crucial role for parents as auxiliary egos, lending their strength to toddlers overwhelmed by the big feelings of a tantrum, even more urgently, parents of adolescents need to be there as auxiliary egos to lend judgment and consideration of consequences, offsetting the emotional power of peer influences and the pressure of impulses, filling the gap until the adolescent's development harmonizes and is integrated at various levels. Parents should be encouraged not to abdicate or step back. Rather they need help to transform their side of the parent-child relationship.

A two-systems emphasis allows us to think in a more nuanced way about the role of parents in the lives of adolescents. Our understanding is that socially validated secrecy actually retards development as it allows young people to create the illusion of rebelling. They can thereby avoid the transformative necessity of directly engaging with parental values and taking responsibility for their own actions. With our emphasis on transformation of the parent-child relationship rather than separation, an overarching goal of this phase for parents and adolescents becomes integration of the new reality perceptions of self and others into the representational world. This is not necessarily easy or without conflict. Parents and adolescents in such interactions have to take responsibility for views, perspectives, and experiences that may truly differ from each other. Sharing one's private thoughts and feelings takes courage and humility; parents and children both need practice and tolerance for failure to work their way to a transformed level of relationship, appreciating both similarities and differences that issue from their respective private selves. Given that adolescence brings the possibility of putting wishes into real action, privacy takes on multiple new meanings for both parents and young people. Part of the trial-and-error learning of this phase involves the role of judgment (ego) and the place of conscience/values (superego) in the mix, as distinctions between thoughts and actions become ever more salient (J. Novick and K. K. Novick 2008, 2015a). A two-systems clinical approach operationalizes these developmental imperatives.

Parent work

In the same call for change we cited earlier, Sugarman uses Denia Barrett's historical review of parent work to locate our contributions within the trajectory of our predecessors' work and concludes, "The increasing acceptance and appreciation of the value of parent work should also help us turn the tide toward revitalizing child analysis" (2022, 324). In this part of the present paper we apply our experience and that of colleagues and students with including concurrent dynamic parent work in the treatment of adolescents to the possibility of evolutionary change in the analytic conceptualization of adolescent development and treatment.

Contrary to the conventional expectations of many, our experience with the preponderance of our own cases has been that most adolescents and their parents welcome the inclusion of dual goals for any treatment, that is, restoration for the young person to the path of progressive development and transformation of the parent-child relationship to a lifelong resource for both (K. K. Novick and J. Novick 2005, 2013, 2020; J. Novick and K. K. Novick 2022). In practical terms those goals are most likely achieved when there is regular concurrent dynamic parent work

throughout the young person's individual treatment. When various factors make that difficult, we have found that it makes a big difference when the analyst actively keeps the parents in mind, includes this dimension in the individual clinical work, and holds on to the transformative aims. We have also found that adolescent treatments benefit from explicit inclusion of fathers in the work (J. Novick and K. K. Novick 2013). We have noted above the contribution of the distinction between privacy and secrecy to reassuring both parents and adolescents about confidentiality.

Of the 29 adolescent cases collected from other colleagues in the Parent Work Casebook (K. K. Novick et al. 2020) and the Adolescent Casebook (J. Novick and K. K. Novick 2022), most included parent work. Their good outcomes demonstrate empirically the value of active engagement with the parent-child relationship, working toward transformation instead of separation. This compilation of clinical vignettes, commentaries, and editorial reflections constitutes an unparalleled pool of data, giving insight on the work and thinking of child analysts around the world.[5] Summary chapters in each of the Casebooks draw many conclusions; here the relevant finding is that psychoanalysis was the treatment of choice in the majority of cases. Almost all families accepted the recommendation of three- to four-times per week analysis, most with concurrent parent work. Almost all the cases lasted for at least two years, showed significant improvement, and termination followed after the emergence of open-system alternatives for conflict resolution and self-regulation.

This underscores our conclusions above about the utility of expanding and revising our definition of the goals of adolescence. If we retain the traditional emphasis on separation as the goal of adolescent development, it follows that treatment too should be directed to the same aim. This was actually the methodology developed by Masterson and Rinsley, where the treatment consisted of removing the young person from the family for "appropriate reparenting" (Rinsley 1981, 261). A more modern version of such an application of a narrowly conceived model of adolescence continues in the kidnapping and constraint of teenagers in wilderness camps and coercive residential programs (Rosen 2021).

The contrasting vision is of movement from embattled power dynamics within the family to interactions of mutual respect, emerging open-system love, and genuine attempts to create an organic parent-child relationship open to change from within and without throughout life. When there has been dissension, soul blindness, trauma, or abuse within a family, everyone has to be able to integrate their own experience and stretch to understand that of the other members. Dynamic concurrent parent work provides that insight to both parents and young people and promotes the reconstruction of a shared narrative of their complex family history. Equipped with mutual realistic understanding, reparation becomes possible.

Clinical techniques

At the beginning of this paper, we suggested that a model be assessed in terms of how it enhances our clinical effectiveness, that is, to what extent it generates a wider repertoire of techniques to improve treatment engagement, adherence, and outcomes. We have published many case descriptions or vignettes that illustrate our two-systems technical approach with specific detailed material (see, for instance, J. Novick 1980, 1982b; J. Novick and K. K. Novick 2000, 2005, 1996b, 2008, 2015a, 2015b; K. K. Novick and J. Novick 1994, 2005, 2013, 2015). Here, in order to compare the technical range of the classical model with what becomes additionally available with a two-systems model of

adolescent development and treatment, we summarize those points and refer the reader to the more clinical writings for actual examples.

In the classical model of adolescent treatment, with adult analysis as the template, there is emphasis on the uncovering of unconscious motives, fantasies, and wishes through attention to transference and countertransference manifestations and, perhaps more in the past than currently, looking at the operation of defenses. Throughout this paper, we have been describing aspects of the "traditional" or "classical" model, addressing particularly those made explicit in the professional literature and in training curricula. We might think of them as the official version, the techniques considered sanctioned by authority, while we must simultaneously acknowledge that clinical work in the real world is much messier and less precise; another way to express this point is to recognize that clinicians, especially perhaps those working with adolescents, have always done more and different things than they describe publicly. This was certainly the situation we found when we set out to examine work with the parents of child and adolescent patients; most therapists treating young people had a variety of kinds of interactions with parents. But there was no model for that work, no articulated theoretical and technical framework within which to locate it. There may be a similar situation with the current psychoanalytic understanding of adolescent development and treatment. In articulating the two-systems model we are also trying to bring coherence and organization to a collection of heterogeneous practices.

The arena for understanding, change, and growth in treatment and beyond is the therapeutic relationship. The transference aspects of the relationship lend themselves mainly to elucidating closed-system phenomena, because transference represents an omnipotent effort to deny the reality of the analyst and turn him or her into someone else, through externalization. In its repudiation of hated aspects of the self, externalization is a major defense in closed-system functioning. This is familiar territory for psychoanalysts; we are well-trained in spotting and interpreting transferences that everyone inevitably carries into the treatment relationship. Adolescents are bound to bring into therapy their general patterns of relating to others, particularly adults, as well as more specific problematic sadomasochistic, closed-system manifestations of past internalized working models of interactions with significant others. These are the solutions they have found, often co-opting their best capacities in the service of attachment, defense, and gratification.

But that's not all they bring. No one functions only with one system all the time. Thus we look for manifestations of open-system functioning from the very first contact with even the most disturbed patients, in order to initiate the line of work that will eventually offer the young person alternatives. As treatment proceeds, aspects of closed-system, sadomasochistic functioning are experienced, verbalized, interpreted, and made conscious. Open-system manifestations are noted, facilitated, encouraged, supported, and taught, so that, by the pretermination phase, the patient is aware of an internal conflict between closed- and open-system modes of self-regulation (J. Novick and K. K. Novick 2006, 2016).

With a two-systems model, we can expand technique beyond the therapist's function as transference object to include the roles of developmental object, teacher, reality support, and collaborator in the therapeutic work and relationship. Miller points out that child analysts have always paid attention to multiple dynamics and roles in the therapeutic relationship, without clear codification of these aspects (2013). Thinking of the whole therapeutic relationship in two-systems terms expands our understanding beyond the transference and gives us tools for building an alliance with adolescent patients on the

basis of real shared experience, interest, and discovery. Adolescents who are helped to form a sturdy alliance they can own for themselves become analyzable.

Open-system functioning unfolds in the relationship context of the therapeutic alliance and the use of the analyst as a developmental object, mentor, and collaborator in the work, who stands for reality and offers authoritative knowledge and experience for both modeling and identification. Open-system technique pays explicit attention to good ego functioning, to the pleasure inherent in using physical, intellectual, social, and emotional skills effectively (*funktionslust)*, noting when capacities are not accessible or brought constructively into action. The two-systems model reclaims analytic legitimacy for prematurely discarded supportive and psycho-educational techniques as integral to therapeutic work (J. Novick and K. K. Novick 2003; K. K. Novick and J. Novick 2002).

Closed-system functioning deals with the danger of helplessness by invoking omnipotent defenses that are increasingly challenged by reality in adolescence. Open-system functioning makes use of adaptive coping mechanisms, what we have called "emotional muscle" to describe ego strengths, ego instincts, frustration tolerance, capacity to delay, pleasure in work, competence, resilience, mentalization, self-reflection and so forth (K. K. Novick and J. Novick 2010, 2011). Adolescents who have developed their emotional muscles enter adulthood with healthy coping skills built into the structure of their adult personalities. Addressing both open- and closed-system self-regulation potentials in each adolescent allows for technique that speaks to the whole personality – strengths and vulnerabilities, health and pathology, static neurotic formations and progressive forces, environmental and social factors along with internal forces.

Summary

The traditional psychoanalytic model of adolescence, especially as formulated by Anna Freud, is an excellent description of the relatively small number of young people who manifest symptoms of adolescent breakdown, and the even smaller number who seek treatment. These adolescents have formed the database for the traditional model, but it does not accurately cover the majority of adolescents who, together with their parents and other adults, competently master the conflicts and challenges of this phase. The traditional psychoanalytic characterization of adolescence has had a pernicious influence on cultural images of teenagers, reinforcing the general view that adolescents have no strengths to bring to bear on regulating their impulses or reactions (K. K. Novick and J. Novick 2014; J. Novick and K. K. Novick 2023).

The two-systems model of self-regulation is built on a dual-track developmental conceptualization that postulates that everyone, from birth on, has the potential for alternative responses to life's challenges. The classical, single-track model rests on the unsubstantiated assumption that adolescence brings the recapitulation of all the "primitive" stages of development, leading to separation from parents as the culmination. In contrast, we suggest that the two-system model can encompass the reality that young people in all cultures are part of their families and communities throughout their lives. Thus their relationships have to be transformed continuously over time (K. K. Novick and J. Novick 1994).

We have found that working with the two-system model restores the validity and generativity of psychoanalytic thinking about adolescence. Reconceptualizing our theory

of adolescence in two-systems terms allows us to define analysis as a strengths-based, multimodal learning experience for all parties. In the face of the pessimism expressed by Anna Freud, Winnicott, Blos, and many others, our detailed study of our own case reports and the many more collected from colleagues and students has encouraged us to optimism about adolescent analysis and the possibility that psychoanalysis still has much to offer in terms of understanding general development and functioning during this crucial time in the life cycle. We append below a table that summarizes the comparisons between models, which we have discussed in this paper, with the hope that we have been able to describe the advantages of adding a two-systems perspective to the classical view.

Working within a two-systems framework can effectively give troubled teenagers a chance to set aside their traumas and the pathological reactions to them and design their adult personalities on the basis of their strengths. Freud (1923) and Rangell (1982) talked about the goal of analysis as choice. We characterize this as the restoration of the freedom to choose between open and closed modes of self-regulation in the crucial transition from adolescence to young adulthood (J. Novick and K. K. Novick 2004; J. Novick and K. K. Novick 2006, 2016).

SOME COMPARISONS OF CLASSICAL AND 2-SYSTEMS MODELS OF ADOLESCENT DEVELOPMENT
Kerry Kelly Novick and Jack Novick © 2022

	CLASSICAL MODEL	2 SYSTEMS MODEL (Open and closed systems)
Definition	Adolescence as developmental disturbance; Recapitulation of earlier phases as template	Fulcrum of developmental consolidation of characteristic modes of self-regulation: 80% of adolescents traverse phase without symptoms or significant signs of "sturm und drang"
Phase Challenge	Real changes in body, mind.	Real changes in body, mind, and social/cultural expectations
Goal	Separation/breaking tie with parents. Individuation and separation are coupled and revived from toddlerhood in adolescence. Primacy of adult genital sexuality. Supremacy of reality principle.	Transformation of relationships with self, parents, and others. Individuation is not coupled with separation and is ongoing. Separateness confirmed and celebrated. Mastery of loneliness. Integration of mature sexuality and love. Set aside closed system/omnipotent assumptions and defenses for self-regulation. Differentiation of assertion and aggression. Harmony among pleasure, reality, and growth principles.
Characteristics 1	Adolescents need to keep secrets to separate.	Privacy differentiated from secrecy. Secrecy has toxic effects.
Characteristics 2	Emotions reach peak intensity in adolescence; mood swings.	Whole range of affects regulated in closed- or open-system way, as in other phases.
Characteristics 3	Adolescents are unanalyzable, either from the start or in the course of treatment. Termination of treatment by breaking off or determined by external factors.	38 cases reported in detail refute negative stereotypes and show positive investment and outcomes.[6] Keeping both systems in mind allows for analyzing the whole person and discovering open-system alternatives to closed-system solutions. Termination factored in throughout treatment phases, included in treatment planning and goal setting. Termination organically conceptualized as reaching a position of freedom to choose between open- and closed-system modes of self-regulation.

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SOME COMPARISONS OF CLASSICAL AND 2-SYSTEMS MODELS OF ADOLESCENT DEVELOPMENT
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	CLASSICAL MODEL	2 SYSTEMS MODEL (Open and closed systems)
Role of parents	Parents are supposed to let their children go, back off.	Parents should stay present to serve auxiliary ego functions that bridge the neurodevelopmental gap in adolescents when growth in limbic/subcortical systems temporarily outstrips development of frontal lobe functions, i.e., impulsivity and emotion vs. control and self-regulation. See analogous role of parents in toddlerhood, when aspirations also far outstrip capacities.
Parent work	No parent work because of interference with separation and development of transference. Parents and children left with separate life stories – no reparation possible.	Most adolescents feel relieved and supported by concurrent parent work. Concurrent dynamic parent work produces change in whole family and promotes longterm gains in relationships and functioning. Fathers can play pivotal role. A shared narrative of family history facilitates reparation.
Clinical techniques	Adult analysis as template: transference/countertransference uncovering of unconscious motives, fantasies, wishes. Confidentiality is highest priority. Little role ascribed to therapeutic or working alliance.	Life-cycle analysis utilizing fullest repertoire of interventions. Drive/defense analysis of closed-system functioning; Mirroring, empathy, reconstruction, validation, support, and development education, among others, link open-system phenomena with the analyst's functions beyond serving only as a transference object. Safety is foremost in hierarchy of clinical values: protect privacy, analyze secrecy. Therapeutic alliance as fostering and operationalizing open-system functioning.

Notes

1. See also the discussion of Teenism: The prejudice against adolescents in this volume (J. Novick and K. K. Novick 2023).
2. Detailed description and discussion of the co-existing psychoanalytic formulations of single-track and dual-track theories of development can be found throughout our writings on two systems of self-regulation, a model that derives from a dual-track conceptualization. See particularly (J. Novick and K. K. Novick 2001a, 2016).
3. For a more comprehensive discussion of our understanding of transformation in adolescent development, please see Dowling et al. (2013).
4. We relate the growth principle also to Anna Freud's idea of treatment being directed to restoration to the path pf progressive development (1965).
5. The unique format of anonymity in these two Casebooks contributes to authenticity in the accounts.
6. These cases are described in various Novick publications, such as "Working With Parents Makes Therapy Work," Parent Work Casebook, Adolescent Casebook, Parent Work papers in JICAP, PSC, Annual of Psychoanalysis, and others.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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