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Juvenile Delinquency and the Quality of Life: The 17-Year Depression

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SYNOPSIS: Some delinquents who were unreachable and failed to respond to juvenile interventions may at age 17 or 18 become depressed and then be accessible and motivated for treatment and rehabilitation. If their needs and potentials remain unrecognized, they may act out their depression with continued offenses, alcoholism, drug dependence, and social maladaptations. Untreated, such depressions are long-lasting and have far-reaching influences upon family.

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Attention is frequently called to the fact that a preponderance of our prison and jail populations is in the 17- to 23-year-old age group. It may seem a non sequitur to point out that this is also the age group that populates our colleges and universities, where the quality of life and promise for fulfillment are optimal. But as youth is our greatest natural resource, such a comparison serves as a sharp confrontation pointing up great waste. While the young adult penal population is a minor number compared to the totals of college enrollment, a full consideration of the number of young men of this age group in the community who are unprepared and unmotivated for self-support by gainful employment, who are compromising their personal and social adjustment by already established patterns of alcoholism and drug abuse, and whose inadequacies and defections in family responsibilities produce yet another generation of welfare dependents gives us the full picture of the enormous waste of the resources of youth.

Progressive reforms in our juvenile justice system beginning early in this century have represented a great effort to reduce the destructive handling of our juvenile resources and to operate in a more socially conscious orientation, espousing concepts of prevention and rehabilitation. While such reforms have provided constructive influences on the lives of countless thousands of erring juveniles, there seems a particular prejudice against those who have not responded to the juvenile rehabilitative efforts and have entered into the adult legal system. This study concerns some longer term clinical observations of a group of youths who did not respond as juveniles.

Albert, a fairly typical case, is reported here in some detail. Between his 14th and 16th years he had been referred for clinical evaluation on three occasions, the first because of pro-

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bation failure and the other two because of his lack of involvement in youth service programs and his continued car stealing, house-breaking, drinking, and minor drug pushing. Although the interviews occurred over two years, they were remarkably similar. He presented himself as quite bland and without care, except for the fact that he kept getting caught and locked up. He maintained that he just wanted his freedom to do his own thing and not have people bothering him all the time. He denied having any problems and wanted no help. "School, who needs it, I can fix cars, I can get by. Nothing against you, Doc, but I don't need no shrink, and no programs neither." His attitudes and the life-style he embraced seemed to him completely self-sustaining and self-justifying.

He was obviously of average intelligence and had done well in school until grade seven, when he became bored and restless and stopped attending. He showed no signs of emotional disturbance, psychosis, or organic deficits and was in good physical condition. It was notable, of course, that in his rationalizations he used much denial and projection as principal ego-sustaining defenses. Albert lived with his mother and three younger siblings in a disadvantaged project, his alcoholic and irresponsible father having left when he was 3. His maternal grandmother, who died when he was 10, had lived with them and he was quite fond of her. Albert's mother recounted that when he was younger he had never been a problem in the home and that they had a good relationship. She was shocked when he began getting into trouble, and thereafter their relationship completely deteriorated, consisting of her recriminations and fears and anxieties about him and his angry resentment of her.

When interviewed later, at age 17½, Albert presented a rather different picture. He was no longer spirited and had a beaten look about him. He was anxious about himself and his mood was obviously depressed. He had been doing a lot of drinking, which only got him into more trouble and made him lose work, but the jobs were lousy anyhow. His girl friend left him after he beat her up because she had had an abortion. His mother remarried, and his stepfather put him out of the house after several fights. His sisters and brother treated him like a stranger. Half of his friends were in jail, and the others he could no longer trust. He asked, "What's the matter with me, am I getting soft or something, things never bothered me before, you know that. Now I can't take it anymore, I feel like everything's down the tube." He was also worried about his health, and associated with the fact that they had news the previous summer of his father's death from alcoholism.

Albert, no longer a juvenile and at the end of his adolescence, had to face himself—his lack of assets and prospects—for the first time, and was most depressed. He feared both giving into and acting out his depression, and he knew that he was on the edge of self-destructive alcoholism or aggressive crime and imprisonment. He was still ambivalent about any intervention, as his unconstructive ego forces pressured him to live out the doomed male image he had clung to in adolescence, but his depression was also a driving force, the suffering that brought him to help. He did agree to have psychotherapy and to attend an alcohol counseling program. Later these were augmented by an educational and vocational program. Albert's progress was slow at first until he was able to decide what he wanted for himself. Then he was able to reinstate and develop earlier latent ego strengths in therapy and to use them for his optimal personal and social adjustment.

In Albert's case, and perhaps in general, delinquency may be thought of as a perversion of the adolescent process. Delinquents, in effect, ride the flood tide of the adolescent spirit, acting out with self-justification the needs to express rebellion, self-assertion, and autonomy and destroying rather than resolving the dependencies of family emotional ties; in so doing, they compromise their ego development. With the passing of adolescence and the ebbing of its forces, usually in their 17th year, many may then become depressed, finding themselves without capacities for relationships of depth or stability, without education or work skills, and without any firm perception of themselves or their place in society. Efforts to combat their depression are usually in "macho" activities, drinking, brawling, predacity, womanizing, work refusal, and, for some, becoming enmeshed in the world of organized crime. However, serious drinking, along with drug abuse, are most common with great likelihood of

entrenchment in careers of dependence and addiction. Propelled into marriage by sexual strivings in concert with nurturance needs, these individuals may develop depressive regression in the face of inability to meet family responsibilities; the regression may be expressed in the sequence of alcoholism, wife and child abuse, and eventual defection. The cycle is thus set up to repeat itself in another generation.

For want of a better term, we have called this the "17-year depression" and would refer to it rather as a psychosocial status than a syndrome. While it, of course, does not include all delinquents or all young men in trouble, there have been significant numbers in our experience. As with any form of depression, losses are principal features. Most of the youths of our series had suffered the loss of their father (usually by defection, some by death) as well as of some other supportive family figure in the early formative years. With the loss of his father, the boy not only loses a loved parent, male role model, and disciplinarian, but moreover is apt to be placed in a complex overdetermined relationship with his mother that becomes acutely conflictful in his adolescence when masculine ego strivings are ascendant. To these psychological elements that may compromise and pervert adolescent development are frequently superimposed a serious lack of support, direction, encouragement, and opportunity in the boys' lives.

Some of the boys of this series were not from manifestly disadvantaged social backgrounds. An example is Bart, whose parents were "middle class" by virtue of their both being well employed and owning their own suburban home. However, their attention was on their own lives and their marital problems to the extent that there was little engagement with their two children. Nonetheless, Bart adored his parents, particularly his father, was well behaved, and was a good student throughout his childhood. When he was 12 his parents broke up and his father virtually disowned him; he then began his delinquent career. In several psychiatric hospitalizations, calculated to "get him under control" and keep him out of the juvenile justice system, Bart was quite resistant and upon discharge continued his stealing, drinking, and drug abuse.

At 17, following an intentional overdose of drugs, he joined the service in an attempt to please his father who thought it would "shape him up," but that enlistment ended shortly in a psychiatric discharge. This failure, together with the fact that neither parent wanted him, intensified his depression. He lived for a time on the streets, stealing for existence and heavily using drugs and alcohol; he was eventually arrested and placed in jail. There he requested psychiatric evaluation and was seen as obviously anxious and depressed but motivated for help. With a supportive psychotherapeutic relationship his depression lifted, his suicidal ideation abated, and his drug and alcohol use diminished. Although there were setbacks at times, he married, worked steadily, and began to mobilize his latent strengths and good intelligence.

The successful response to treatment in our series is in great contrast to the fate of other juveniles we had known whose later calls for help were unnoticed or unmet. Follow-up information indicated that many were serving prison sentences, some were chronic alcoholics, a few had committed suicide or were homicide victims, and all had suffered bitter, unhappy, and most unproductive lives. The long-standing and pervasive nature of these depressions is attested to by several men who many years later contacted the psychiatrist whom they had known as juveniles in the court clinic. It was more than a surprise to hear from Clarence after 20 years as he had been one of the most difficult and unreachable juveniles in the court clinic. He stated that he was very depressed and badly wanted help. Because he was remembered so distinctly as emotionally detached, contentious, hostile, and devious, it was with some reservation that he was given an appointment.

While the years may change people in many ways, Clarence at 36 seemed much the same except that he was genuinely depressed and very anxious to do something about his life situation. He expressed deep feelings about those he had harmed over the years and about what he had done to himself. The oldest of four, Clarence lost his father when he was 10. Grand-

mother, who took care of the family while mother was engrossed in her academic career, died when he was 14. Of quite superior intelligence, he felt unchallenged at school, nor was he socially or athletically inclined. By 15 his only interests were in stealing and minor delinquencies. At 18, having nowhere else to go, he joined the service, hoping for a career in electronics. Within a year he was caught in an elaborate scheme to steal army equipment and spent two years in a federal penitentiary. Returned home unhappy and bitter, and unable to find work, he became involved with underworld contacts. After several "jobs" he was set up to be caught and was sentenced to state prison. Meanwhile, he had married and had had several children. Released, he was chronically depressed for years, poorly employed, and in much conflict with his wife. To fight his depression and to try to give some meaning to his life, he put great effort into playing the role of a good father. But as his motivations were inappropriate and his own needs pathological, his intense interactions with his children were less than constructive. He became incestuously involved with his daughter and his teenaged son developed a schizophrenic reaction, at which point his wife, threatening legal action, put him out of the house.

Dorian, an inveterate car thief and untouchable as a juvenile, called after twelve years asking for a referral to a marital counselor. His father, a flamboyant psychopath, had defected when he was 7, leaving him with his mother, a seductive, manipulative woman. She saw Dorian, who was very bright and personable, as the answer to all of her life's desires. At 16 he was convicted of armed robbery in another state and served three years in a youthful offender institution there. He returned depressed and cowed and was never in court again. He made a good marriage and became a very successful car salesman. However, he remained chronically depressed; the depression prevented his rise to a coveted managerial position and interfered with his marriage. He did many things, including infidelity and abuse, to prove that his wife was too good for him, and he courted self-destruction by habitual indulgence in very hazardous sporting activities. As his daughter grew, he concentrated his attention upon her gymnastic career, using his wife's resentment of that to increasingly abuse her. When his daughter began to act out sexually and wife really threatened to leave him, he, deeply depressed, fell off a hang glider, injuring himself badly.

These two cases also attest to the insidious pathological influences that parental depression may have on the children's emotional health.

In summary, this study is presented to call attention to the fact that some delinquents who were unreachable and failed to respond to juvenile interventions may at age 17 or 18 become manifestly depressed and then be accessible and motivated for treatment and rehabilitation. However, as they have been abandoned, are marked as failures, and enter the adult criminal justice system, their needs and potentials may remain unrecognized. They then fall into a career of acting out their depression with continued offenses, alcoholism, drug dependence, and serious social maladaptations. Untreated, such depressions are long-lasting, and their marked influences upon family, particularly children, are far-reaching.

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