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Social-Medical Problems of Youth —

VIEWPOINT OF THE SOCIOLOGIST

REVEREND ANDREW M. GREELEY, S.T.L., S.A., Ph.D.

I should qualify my remarks with a notation that the kind of adolescents of whom I speak are generally upper-level class adolescents. They're the only ones I know very much about both from my experiences as a sometimes parish priest and also from some research that has been done.

Secondly, I am particularly concerned with people in the late years of adolescence. This is to say from age seventeen to twenty-one or two. So my remarks are directed at this relatively limited segment of the adolescent population.

Let me propose for you an experiment that you can try on your own sometime. Gather together a group of college students, college students whom you would judge to be in most matters paragons of normality and of psychic health. And don't pick just the ordinary ones; pick those who are talented, intelligent, sensitive, and handsome; pick those who would be marked as the leaders in almost any group of young people that you would gather. Get seven, eight, ten of these young people together in a conversation. Let them talk for a while, then raise the question, "How many of you ever thought of committing suicide?" The question is not, "Did it ever cross your mind?" The question is "How many of you have held in your hand the instrument by which you could end your life

and serious contemplated using that instrument?" If your experience is a repetition of mine you will find a where from half to two-thirds of the young people in the group, they're honest, will say that indeed they did go through just such an experience.

We may all ask ourselves why this happens. There is an adolescent crisis in American society.

This is such a part of our culture that we take it for granted. We assume that it is in the nature of growing up, that people go through a protracted period of crisis and anxiety between infancy and adulthood. We never bother to ask whether there are other societies where this does not happen. But indeed if we look around the world, if we look indeed to Western Europe, we will find that crises of adolescents, they exist at all, are a relatively recent phenomenon indeed and have come with American influence, just like Coca-Cola.

The relative question we ought to ask ourselves it seems to me is why in American society is the passage, the transition from youth to adulthood so terribly, terribly difficult. There are a vast number of reasons for this, but I only wish to speak of a few here, a few that apply especially to young people in

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the upper middle class, and at least one of them applies particularly to Catholics. It seems to me — this is my experience in some research that's been done — that the big need that the young person has today is to be loved. Now I don't say this in any sentimental mystical fashion. I don't mean it would be nice if the young person were loved. I don't mean it would make him feel good if he were loved. I mean that he needs to be loved for his psychic and occasionally his physical survival. I'm increasingly persuaded as I deal with young people that the biggest thing that they need is encouragement. They have to be assured of their own worth, of their own dignity, of their own value as human beings in a world which has created for them grave doubts about this dignity and this worth and this fact. Those of us who must deal with college-trained young people in one way or another are increasingly persuaded that almost all upper middle class young persons are going to need at some time in their maturation process extensive counseling or psychotherapy. They're going to need it, though most of them aren't going to get it; but the need will be there. Indeed, this has become such a commonplace that they're going to need it, it has never occurred to us that it might be — or it has occurred to us rarely — that there might be something terribly abnormal about a society which requires extensive therapy to rehabilitate those in their late teens and their early twenties. I'm not arguing that these young people are psychotic, or even that

they are neurotic at least in the traditional use of the word neurotic. I was talking to a college counselor recently as part of a study we're presently doing and he said that he had heard the figure quoted that 10% of the college people in the country are pre-psychotic. I don't know how that figure is calculated; I'm not quite sure what "pre-psychotic" means but this priest agreed with me that if it were defined as "badly disturbed with serious emotional problems" then he felt the figure 10% was grotesquely low. But most of them will not become psychotic. Most of the young people who have held the razor-blade in their hand and considered cutting their wrists do not in fact do so, and I think this is almost as interesting, the fact that they do not do it, as the fact that they are so strongly tempted. There are enough emotional resources left to survive; there's enough emotional strength to continue to exist, to avoid not only suicide but what could be clinically described as incapacitating mental illness. However they operate, they function at a very low level of efficiency and happiness. What we're witnessing today I think is another manifestation of what was called sometime ago the executive neurosis or, on the female side, the "suburban housewife neurosis." But we're witnessing it not in the late thirties or the early forties where we found it five or ten years ago, we're now witnessing it in the late teens and the early twenties. What their fathers and mothers experienced toward the beginning of middle-age

young people today, at least a fair number of them, seem to be experiencing at the beginning of adulthood.

Now we might ask why does this happen. I would suggest at least two reasons, with a passing remark on a third. First reason is that the manipulation of love has become almost the accepted thing in the middle class family. My experience in eleven years of dealing with the very well to do upper middle class community is that love is rarely given unconditionally. It is awkward and withdrawn, depending upon the performance of the child — that if you do well in the upper middle class family you are loved; and if you do not do well then you are not loved. You are loved when you learn to walk; if you don't walk as early as others then in some fashion love is withheld. You are loved for your accomplishments in toilet training. You are loved for your accomplishments in pre-kindergarten and kindergarten. You are loved for your accomplishments, your grades in school. You are loved for your social successes in adolescence; but you are rarely if ever loved as yourself.

There is a considerable amount of ranting and raving going on in our society about the collapse of discipline. It seems to me that the question is somewhat more subtle. Discipline hasn't collapsed; it has become more sophisticated. Young people may drink more; they may hotrod around in cars more; they may scream a little more after the Beatles than their parents did after

Frank Sinatra. It is essentially the parental control of the young person is, in the middle classes, as strong as it ever was. The child may drink more; they may have more appearances of freedom, but the manipulation of love has enabled the parent to control the child's destiny in life at least as well as his own was controlled and perhaps more. I might note in passing that I've often had the impression that the people who are the worst at this are the MD's. You know the kind of father I mean, the one who has decided that his son is going to be a doctor like him even though the young man hasn't the talent nor the inclination to be; he's going to pursue medicine because his father wishes him to do so. And of course usually he does, with psychic thoughts that are incalculable.

What annoys me — and this is surely not true of all MD's of that I am certainly aware — in dealing with these gentlemen is that somehow or other they assume that their unquestioned competence in medicine makes them competent in everything, especially the rearing of their own children. I don't mind their making mistakes; every other parent does. But I do mind their being so arrogant and confident in their mistakes.

What often happens to young people in these types of situations is that they become little more than extensions of their parents' personality. They do not emerge as independent human beings with a dignity and value of their own. They exist for the satisfactions and the needs of the parents.

What often happens, then, is that the child becomes little more than a projection of the parent's personality, to be manipulated to suit the parent's own needs, and never emerges as a free, independent human being with dignity and value of his own. Their social, their academic, eventually their professional, even their romantic lives, are molded to the needs of their parents.

I described a caricature you say. Well, it does not always exist in as gross and bald a fashion as I am describing, but I think that for the majority of young people at least some of this phenomenon of the manipulation of love is a very important part of their maturation problem; and for a substantial minority one must say that this is a characteristic of the way they have been raised. They have been loved, not on the basis of their own dignity and worth and loveliness; they have been loved because they have been able to perform. So many young people today must learn that love is unconditioned, that they are lovable for themselves, not for their ability to do anything.

The second aspect of the problem seems to me is the great difficulty young people have finding goals that are adequate for their lives. You see it was so easy when we were all farmers or tradesmen — our children were what we were; and our grandchildren were what our children were. Career choice, occupational choice, wasn't necessary. Careers were passed on from generation to generation. If a boy

wanted to know what he wanted to do with his life, he merely imitated his father. If a girl wanted to know what she was to do in life, she merely imitated her mother. But in our dynamic society with its multitude of choices it is not nearly so easy to decide what you're going to do or what you want to be; and, unfortunately, while we have given young people today just about everything we possibly could in the way of food, clothing, shelter, education, recreation, medical care, we have not provided them with a set of norms and values according to which they could decide what to do with their lives. It is clear to most of them at least to those who come from families where there has been one generation with economic security, it is clear that the quest for economic and social success is not enough; it simply won't do. They realize that the good life is theirs if they're reasonably diligent and reasonably intelligent and reasonably personable, but it is not something to get excited about. They want a new dimension in their lives; they want new meaning. It's not at all clear to them where they're going to get it. The youthful involvement in things like the civil rights movement, the peace corps, the papal volunteers, inter-city tutoring projects, and so forth is a groping attempt to add a new dimension and meaning in life, a dimension and meaning that we in the adult generation have not been able to provide for them.

The third problem for Catholic young people which I'll mention in

passing is the irrelevancy of their faith, an irrelevancy which often causes young people to wonder whether their faith really means anything at all to them. It is not to say that they will leave the religion; they do not leave it for the most part. But then it is very, very difficult for a young person to take the stunted version of religion which they have learned in grammar school and high school and in the college years reevaluate the religion of his infancy and turn it into an adult religion. It is especially difficult to do so because this reevaluation has so often been defined by his previous religious training as losing the faith. If you question, then you doubt it; and if you doubt, then you've already lost the faith. Most of the so-called crises of faith that we encounter are not really crises of faith at all; they're merely signs of health actually, attempts of people to upgrade their religion through matter of immaturity to maturity and the real problem is that society, at least in its religious functionary, insists on defining for them that this reevaluation of their religion is a sin when it is anything but sinful.

Are there any solutions for these problems? Well there are no clear cut panaceas obviously because the problems are rooted in the nature of American society. What the young person must do, of course — as one young woman put it to me — is come to terms with oneself. You must accept yourself; you must not view life as a long series of tests to be passed, but rather as a series of experiences through which you grow.

But of course this is very hard when everything you've done has been a test thus far. Coming to terms with yourself means accepting yourself as a growing, maturing, developing human being and not as someone who is constantly passing a series of tests and overcoming obstacles, in the absence of which is a nothing, a failure, unacceptable, without dignity.

Now how do they do this? They can't do it in their relationships with parents. During the adolescent years for most American children to communicate with their parents about any meaningful problem in their life is well nigh impossible. Some of them can establish communication with educators, some with clergy, some, indeed, with their MD's. But the point that I would make to you is this: many of the problems, the physical, emotional problems of adolescents brought to your offices are actually difficulties that result from the fact that the young person is not at all sure of his own lovableness; he is not at all sure that he is acceptable or worth accepting. His real problems are not the mysterious headaches or stomach-aches or psychosomatic disturbances that he may have, but the real problems are self-hatred, self-rejection, and I guess every doctor who deals with this kind of person must be a part-time psychiatrist; but then I would think that this is nothing new in the medical profession because almost every doctor feels on a number of occasions that most of what he does is not medicine but a very limited form of medicine called psychotherapy.