A PSYCHOSOCIAL STUDY OF THE PROFESSIONAL RECOURSE TO THE

ADOLESCENT BODY IN EDUCATION

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Abstract

A Psychosocial Study of The Professional Recourse to The Adolescent Body in Education examines formulations of the adolescent body in the major social establishments of education, psychiatry, politics, and law. The dissertation shows how the discontentments of adolescent subjectivity are linked to biological irregularities understood as objective realities. Despite the growing challenges posed by this visions and the difficulties it presents which remain unsolved, the non-dynamic view of the adolescent body survives as a chief organizing medium for relations of care in social establishments. This imaginary of experience maintains a belief system wherein adolescent subjectivity is premised upon being explained with accuracy and legitimacy, largely without question, despite the actuality that this vision is not supported by relevant evidence.

These messages provide a paradox that frames the central inquiry in this dissertation: The stresses and sorrows that express the spectrum of ordinary and exceptional adolescent subjectivity show the striking ways in which the adolescent body is the site for the enactment of confusion, conflict and pain.

The following intervention involves a concurrent analysis that explores the tensions between five approaches—the educational, legal, medical, psychosocial and popular genesis of the dynamic of adolescent subjectivity. I characterize the significant difficulties that arise when the genesis of adolescent subjectivity is taken to be determined by the gesture of a non-dynamic adolescent body that internalizes causes in the body and externalizes the work of care and its provision. The tensions in these approaches are taken up through a series of case studies drawn from medical, legal, and literary sources. Starting from a critique of the limitations that are inherent to the vision of the adolescent body as non-dynamic, throughout this dissertation I develop an alternative approach: Using case reasoning, I respond to these discourses, which still hinge on the phantasies embedded and persistent within institutional frameworks, by looking to the account of the adolescent body in psychosocial constructions that suggest that the difficulty of working with and responding to the disturbance in adolescence requires a shift in thinking about transition, transformation, and development.

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Contents

Chapter 1: A Psychosocial Approach to the Rise of the Non-dynamic Body and its Implications in the Provision of Adolescent Development

1.1. Introduction

A Psychosocial Study of The Professional Recourse to The Adolescent Body in Education is a study on the status of the body in the provision of care for adolescents in contemporary social establishments where we find formulations of the adolescent body are constructed as nonsensuous, asocial, and impersonal. This dissertation looks at how this vision of the adolescent body is upheld in the major social establishments of education, psychiatry, politics, and law under the assumption that the discontents of adolescent subjectivity are linked to biological irregularities understood as objective realities. In the meantime, there is a growing number of scholars pointing out the supposition that mental distress is linked to biological rooted entities is not supported by a scientific credibility (Vanheule 2017, Frances 2016). There has been a noted trend in the progress of biomedical research and its recurrent failure to be translated into research in the distress and difficulties of subjectivity and the provision of care (Bryant 2006).

These messages provide a paradox that frames the central inquiry in this dissertation: Why, despite the growing challenges posed by this vision and the difficulties it presents remain unsolved, the non-dynamic view of the adolescent body survives as a chief organizing medium for relations of care in social establishments. What are the consequences of this imagination? How can the imaginary of adolescent subjectivity ingrained in a nonsensual biological imaginary maintain a belief system wherein adolescent subjectivity largely without question, despite the actuality that this vision is not supported by relevant evidence? This paradox cannot be neglected and points to the heart of all professional action engaged with the provision of adolescent care.

This study is interested in the surge of formulations adolescents experience by way of constructions of the non-dynamic body. In what I term non-dynamic adolescent body I refer to a the impersonal, non-relational, asocial, and non-sensual constructions of the adolescent body upheld by practitioners involved in the provision of adolescent care that leans on a biological irregularity in the form of causality (Vanheule 2017). The non-dynamic constructions of body cultivated through probabilistic and statistical styles of reasoning is where we find a range of non-dynamic measurements including blood tests, brain images, and the study of hormones, genes, and genitalia. This idea is bound together with another idea that the relational and contextual aspects of experience "(i.e., the life history, social circumstances, and cultural background)" is thought to play only a minor moderating role" in the expression and formation of subjectivity (Vanheule 2017, 4).

My study explores this paradox: Despite the powerful discourses through which the adolescent subjectivity is formulated, we find that it is common to speak of the adolescent body as a neutral term in educational theory, parental advice, risk analysis, clinical formulations, social policies and public decisions. Such diverse interests are organized by the non-dynamic adolescent body and lean upon a growing scholarship that most often generates descriptive research to provide correlational speculations rather than experimental designs on adolescent suffering. Why then have parental and educational anxieties and solutions, political responses, and popular accounts of contemporary adolescent experience been locked into formulations of a non-dynamic adolescent body? This dissertation investigates this paradox by engaging the means by which the provision

of care draws on the non-dynamic body to generate a causality that links the adolescent body to a response of care.

Biology as non-dynamic formulations persuade—from genetic markers, to the brain, and hormones, this body evidence offers up serviceable descriptions of adolescent experience. Current formulations of problems in contemporary adolescent subjectivity are grounded in this rendering of the body as non-dynamic that hinges on statistical reasoning, which didn't fare scientifically well but captured the professional imaginary (Vanheule 2017). Biological formulations present simply and successfully as the way we should approach adolescent subjectivity, despite a growing critical discourse that notes the widening gap between the progress of biomedical research and its recurrent failure to be translated into research in diagnostics and psychotherapy (Cuthbert and Insel 2013).

1.2. Definitions and research questions

The shifts I trace through concepts, examples and situations of adolescence do not align and there will be moments of delay as I return to earlier events to provide situated updates on relevant material. This is for the purpose of animating the interdisciplinary tensions of the question of adolescent subjectivity that take place across clinical, schooling, legal, and political spheres. Still there are some larger shifts that draw the diverse rhythms and paces of these developments together. I intend to demonstrate an attention to the different timelines of these interdisciplinary shifts through a variety of concepts to ask pertinent questions that move beyond the systematic and engage with the changing picture of the adolescent body.

A set of definitions is needed to qualify the terms that I use throughout this dissertation, beginning with 'adolescence.' Instead of associating adolescent experience with an age

designation, my use of the term adolescence or the adolescent follows current scholarship to bring together two distinct periods in the experience of schooling. The nature of secondary and higher education have extended the meaning of the term adolescent to include the stage of development referred to as the young-adult or emerging-adult. This has broadened the scope of the term adolescence, and yet I am fully conscious of the fact that most high school students—not to mention university students—would object passionately to the term adolescent. However, the subjects of high-school and higher-education will be called adolescent to point out that my analysis of contemporary adolescent subjectivity is characterized by what Alison Gopnik (2009) has called the "protracted immaturity" made possible by social establishments (15).

The second idea concerns Kristeva's notion of adolescent ideality. For Kristeva, adolescence is structured as ideality. Kristeva's (2011) notion of ideality departs from the psychological emphasis on biology and instead explains adolescent subjectivity through the notion of ideality as a state of mind. Kristeva laid an emphasis on the dynamic tension in adolescence that derives from the developmental situation in which the adolescent is "caught between childhood, where needs and demands were met, and a world that now demands compliance" (Britzman in press). The adolescent meets these demands with a solution which is expressed as a question of belief that regulates the tensions between self and other, and inner and outer world, as adolescence marks the time where we find forms of idealism function as solutions to these tensions that contribute to the process of their regulation.

Ideality takes various forms of belief that hover around the question of meaning "as a time of heightened creativity, as flexible and pliant, and as capable of rapid change

of mind along with argumentation over the value of meaning" (Britzman, in press). Rather than a fact of belief, Kristeva deliberately qualifies the belief as an "incredible need" (Kristeva 2011, 11) which signals the relational character of ideality. Adam Phillips (2011) explains this dynamic as "essentially seeking and protecting highly valued ideals – whether these come in the form of self-images of masculinity and femininity, crushes and crazes, being a fan, or a recluse, or a show-off and so on – then the question becomes what are we doing, how can we who think of ourselves as helping adolescents in some way […] be used by them in this ongoing quest for ideals" (189). Kristeva's notion of ideality carries a paradoxical dynamic and has guiding psychosocial suppositions for this study. While adolescent ideality appears as a non-relational, impersonal, and asocial form of experiences, it draws on intrapersonal and interpersonal dilemmas of subjectivity and this is implicated in the question of provision care as it gets caught up with ideality (Kristeva 2014, 12). This study demonstrates how ideality is embedded in the non-dynamic formulations of adolescent subjectivity through the ways it poses severe challenges to the practises of medicine, law, and education.

I discuss the ways that non-dynamic adolescent body is used in provision of care in social establishments in order to engage the particularity of formulations of adolescent experience found in institutions of care. I use the term 'provision of care' throughout this dissertation to refer to the professional ways of receiving, representing, and responding to adolescent subjectivity. These formulations, representations, and responses of care are akin to what Ian Hacking (2002) termed "law-like regularity" (36), and they refer to the different uses of the adolescent body that became the basis of public and political decisions, clinical judgements, popular accounts, and educational strategies after the

"operational revolution" in medical frameworks (Parnas and Povet 2015, 207). The operationalization of nosology marks the logic at work in the non-dynamic formulations of the adolescent body. Operationalization is the centrepiece of the transformation from descriptive approaches to what Hacking describes as probability as causality. Statistical inference as causality became the chief way of understanding, representing, and responding to adolescent subjectivity in chorus with the wider transformations in contemporary institutions of care.

One of the critical points concerning the adolescent body as non-dynamic has to do with "the erosion of determinism" that Hacking ties to the scientific revolution in twentieth century physics that resulted in the replacement of causality with probability (2002, 1). This was a shift that paved the way for the emergence of indeterminacy in the ways subjectivity was conceptualized. The indeterminacy pertaining to subjectivity moved from "human nature" to "normalcy," organized by statistical inference (1).

My study seeks to address what the contemporary institutionalisation of the provision of adolescent care when locked into the non-dynamic adolescent body means for adolescent subjectivity. This requires some context to understand the historical situation of mass schooling through which the new principles of psychological and social research formed. At the turn of the twentieth century a host of forces at play shaped the meaning of adolescent subjectivity and the question of how care should be undertaken (Freud [1905] 2017; Hall 1903, 1904, 1914; Britzman in press). As mass schooling was instituted, the adolescent became a permanent resident of the social establishment. Approaches to adolescent subjectivity and the provision of care were organized by causal explanations about development linked to the adolescent body. For

instance, recapitulation theory linked conflicts in adolescent subjectivity to derailment, or a lack of hygiene (Lesko 2012; Hall 1904). As the indeterminacy of subjectivity was established in the twentieth century, adolescent subjectivity became a subject of study for psychological practice and the social sciences where the conflict in adolescent experience came to be rendered as the central dimension of subjectivity (Aichorn 1935; Blos 1966, Erikson 1968, Cohen [1972] 2011, Hebdige [1979] 1991; Willis 1981). In this approach the causality established at the turn of the century was offset by new approaches where adolescent subjectivity began to be studied with growing indeterminacy built in to its approaches.

The past fifty years brought an echo of earlier shifts with the application of a new form of determinism in the provision of adolescent development, which paralleled wider cultural shifts that took place in education, psychiatry, and psychology. The space for studies on adolescent subjectivity, removed from moralistic and eugenic views of the stress and sorrows of adolescent subjectivity, was strikingly replaced by logical probability. This relied on statistical reasoning established by the transformations of care embodied by the 1980 "operational revolution" that marked the decision to reorganize the helping professions with an increased reliance on probability (Parnas and Bovet 2015, 207). Subsequently this imaginary of care was upheld by social establishments of care and consequently the adolescent body appeared on the central stage in the explorations of subjectivity conducted by social establishments. Statistical reasoning became a powerful way to create concepts that could contain those aspects of subjectivity previously thought to be beyond understanding—what Hacking termed (2002) the "taming of chance." In the case of the adolescent body the "taming of chance" requires closer attention because what

is critical in the emergence of the adolescent body as non-dynamic is predicated upon a paradox: while probability was at the heart of studies of adolescent subjectivity, the principle of probability led absolutism to be the cardinal way of understanding adolescent experience. This absolutism, paradoxically, a quality of adolescence as a state of mind can be found in what came to be known as the biomedical model and the imagination of the non-dynamic adolescent body.

In this dissertation I investigate the success of the construction and use of non-dynamic adolescent body and its role in the provision of care in social establishments concerned with adolescent development. Statistical reasoning is appealing because it offers a systematic way to generate correlational representations of experience, such as adolescent truancy and socio-cultural status. The problem here is that statistical reasoning, which only provides correlational hypotheses, is now equated with causality. This is seen not only in the lay use of biomedical vocabulary but also in the discourses of research. With the emergence of systematic methods, diverse interests now hinge once again on the non-dynamic adolescent body. From these vocabularies, we see an imaginary at work in parental anxieties, educational concerns, political responses, and cultural idealizations of adolescent subjectivity.

The chief problem we find in non-dynamic renderings of the adolescent body is that it is not clear whether they stem from observable evidence or from limits in thinking. Common explanations for these recourses lean on the idea that the reason suffering is being situated in a biological marker is because it is based on evidence that hinges on a neurobiological schema that "support[s] the belief in the biomedical illness assumption" (Vanheule 2014, 75). This evidence, as I argue in this dissertation, is more complicated

than it is presented to be and thus the self-evident explanation it proffers is not a satisfactory explanation for the prevalence of the utilization of the formulations that uphold the adolescent body as non-dynamic.

The case of ADHD makes clear the definition of the non-dynamic adolescent body. The origins of ADHD go back to the beginning of compulsory education and the consensus—that in order to meet educational expectations—sustained attention and behavioural control were required. The first formulations of ADHD, hence, were organized around "excessive motor activity, impulsivity, and attention difficulty," and in 1902 ADHD was associated with neurological causality, understood to be a consequence of "minimal brain dysfunction" (El-Gabalawi 2014, 23). In the DSM II (American Psychiatric Association 1972) the diagnosis was termed "Hyperkinetic Syndrome" and with the DSM III (American Psychiatric Association 1980) we observe a major revision and a move towards attention with "Attention Deficit Disorder." The subsequent revision combined the previous two under the new name "Attention Deficit Hyperactivity Disorder" (American Psychiatric Association 1987). The most recent edition, the DSM-5—where the name remains the same— stumbles onto an inherent and inevitable blind spot in current conceptualizations of adolescent suffering (American Psychiatric Association 2014). The criteria was changed and the DSM now advises diagnosticians that ADHD symptoms should be observed prior to age twelve, a change from the previous criteria of age seven. Further, the DSM-5 newly classifies ADHD as a neurodevelopmental disorder. Thus we enter the crossroads of representation and response where the adolescent body is investigated in isolation to identify physiological change that is presented as causality. We must note that despite the ways ADHD is

determined through leaps and language that infer a basis in experimental and biological disciplines, the investigative and diagnostic approaches to ADHD are in fact descriptive. When these changes in the institutional provision of adolescent care are analysed through a multi-layered analysis that considers clinical, legal, educational, and administrational concerns, this study maintains an observation that the studies of adolescence have developed a kinship of method and process with physiology, and investigates current implications of such imagination.

Formulations of care present us with the idea that the cause of suffering is a "well-defined fixed internal structure that simply awaits scientific discovery" (El-Gabalawi 2014, 81). My dissertation examines this conflict by engaging not only the dilemma of the looping effect—i.e. whether the response is also responsible for the current conflict—but also, my chief interest in this dissertation, which bears too on these formulations of suffering, is in the meaning of the recourse to the non-dynamic view of the adolescent body and its implications for both contemporary adolescent subjectivity and instituted care. Whether we are aware of the current crisis in contemporary social establishments regarding the provision of care, or whether we believe in the explanation that lays the emphasis of responsibility for adolescent experience on a biological marker, there is a high dependence on non-dynamic view of the stress and sorrows of adolescent subjectivity.

1.3. On the division of the helping professions: A case of the non-dynamic adolescent body

A controversy over a case of child and adolescent withdrawal provides me a pronounced occasion to illustrate my focus on the problematic found in the uses of the

adolescent body as non-dynamic and the implications that I analyse throughout this dissertation. In an issue of *The New Yorker* published April 3, 2017 Rachel Aviv (2017) wrote an investigative article on a newly emerged mental disturbance presenting as total apathy prevalent in children and adolescents of families seeking asylum in Sweden. The piece draws close attention to the case of a thirteen-year-old boy, Georgi, and his story of withdrawal from psychosocial life. Georgi's symptoms confirm the central qualities of a severely withdrawn adolescent matching those found in the descriptions of journal or newspaper articles. His condition is perplexing as he is the most 'Swedified' member of the family, the family's translator, and a successful and popular student in his class. Georgi's family also carries the main qualities of the affected population. The family belongs to a pacifist religious sect from North Ossetia in Russia and their refugee application was turned down for insufficient evidence of danger awaiting the family back in Russia. Having lived six years undocumented in Sweden, Georgi was thirteen when he read the decision to reject his family's appeal. Upon reading the rejection letter, a letter of deportation, Georgi fell ill presenting qualities of a severe and coma-like withdrawal: "dependent on tube-feeding", with "no reaction to caregiving" (70).

In early 2000, a coma-like state of withdrawal was observed in critical number of children and adolescents between the ages of eight and fifteen. To give a picture of this condition we can refer to a Swedish paediatrician and analyst Göran Bodegård (2005a) who describes these children as "totally passive, immobile, lack[ing] tonus, withdrawn, mute, unable to eat and drink, incontinent and not reacting to physical stimuli or pain" (1706). Initially, the phenomenon of withdrawal presented as an exceptional occurrence,

but was swiftly elevated to the status of 'epidemic' with a sudden increase in cases observed in children and adolescents.

Children who fell into the conditions of this 'epidemic' presented in a catatonic state. Either before hearing a decision by the immigration board on their family's refugee claim or upon hearing a negative decision, these children showed classical signs of withdrawal: refusing to go to school, ceasing interaction with family members, and stopping eating and talking altogether (Bodegård 2005a; Hacking 2010). The severity of these withdrawals caused manifold fractures among popular opinion, medical doctors, paediatricians, politicians, and psychiatrists, all of whom argued over issues of development, ailment, and security (Hacking 2010; Sallin et al. 2016).

Between 2003 and 2005, there were over 424 cases reported of children and adolescents falling into this severe state of withdrawal (Sallin et al. 2016, 2). While academics, politicians, and doctors have taken up this 'epidemic', there has been no satisfying explanation as to what these adolescents and children suffer from beyond the fact common among the cases that they fall into this condition while their families are applying for permanent residency from Sweden. Another peculiar feature of this condition is that it is found exclusively in Sweden among undocumented children and adolescents. Ten years after its first baffling occurrence, it is increasingly understood less as an epidemic and more as endemic. "As of today", write Sallin and her colleagues in 2016, noting tens of new cases reported, "diagnostic criteria are undetermined, pathogenesis uncertain and the regional distribution unexplained" (Sallin et al. 2016, 2).

In popular opinion, the endemic condition received various responses that explained the condition as an occurrence emanating from factors exclusively external to

Sweden. While public responses tended to remain within the 'politically correct' zone, they led, at times, to an "anti-immigrant disposition" (Hacking 2010, 309). Public opinion speculated upon the possibility that these children and adolescents "were faking it, or perhaps being drugged by their parents" (309). This disposition persisted not only because of the enigmatic appearance of the symptoms but also because of their astonishing disappearance. While sometimes, full recovery took much longer, even leaving permanent damage, the children and adolescents with moderate withdrawal were found to have recovered within a few days of the family being granted permanent residence.

Political accounts laid an emphasis on culture. It was argued, for instance, that the countries these families were coming from hosted a "holistic" child-rearing approach and this is what led to the withdrawal (Aviv 2017, 71). In psychiatric accounts the designations used to describe the condition were several: "Depressive Devitalization Syndrome," "Pervasive Refusal Syndrome" (Bodegård 2005a, 337), "Resignation Syndrome" (Sallin et al. 2016, 1), "Dissociative Stupor, [...] Asylum-seeking children with severe loss of activities of daily living" (Söndergaardet et al. 2002, 2), and more speculatively as "voodoo death" (Aviv 2017, 75). *The Swedish Association for Child and Adolescent Psychiatry* came forward stating that they were without the means to treat this illness as the problem stemmed from the political failure to accommodate this population, while another paediatrician blamed his colleagues for their "resistance to look into the brain and acknowledge that there is a biological system at work" (Aviv 2017, 75). Some noted that children experienced "intolerable and traumatizing situations in their home countries" and noted the possibility of the children being re-traumatized because of the

experience of seeking asylum (Bodegård 2005, 338). Suggestions went as far as to imply a need to test the children's blood to check if their parents had drugged them for the purposes of immigration (Hacking 2010).

The inexplicable nature of the 'epidemic' divided the helping professions responding to its pervasive occurrences. Psychologists, psychiatrists, paediatricians, and sociologists developed hostility towards one another in the process. "Sociologists are accused of complete failure of compassion for taking a heartless collective view of the phenomenon", writes Ian Hacking (2010), "while doctors are accused of encouraging, if not engendering the phenomenon by sensationalising it" (310). Also divided was popular opinion on the matter. As the bafflement around this epidemic was understood more in terms of being endemic to Sweden, it led to suspicion toward the Swedish immigration and refugee system. Then the discourse took the opposite form. In 2005, two large Swedish national daily papers fell back on a familiar cry: "This is not a real sickness after all! It is straightforward malingering. Or maybe worse—the mothers are drugging the children" (Hacking 2010, 313).

The Swedish government appointed a team of researchers to look into the nature of this 'epidemic' in 2005 to prepare a report by 2007. The children and adolescents who fell into this condition, with some exceptions, were exclusively from former Soviet (Azerbaijan, Kyrgyzstan) and former Yugoslavian (Serbia, Kosovo) states. The government's investigation into the 'epidemic' involved field trips to these countries. The trips were meant to investigate the cause for such occurrences. Research was carried out with UN agencies, nurses, psychiatrists and public authorities; they found no indication regarding the existence of this cultural manifestation. The committee's views on the issue

were at odds with the Stockholm paediatric advocacy group which emphasised the urgency of diagnosis to increase the probability of receiving permanent residence. In their estimation, this was the only cure for the withdrawal.

Swedish law also upheld the blurry picture of response to this severe condition. According to Swedish law, while children are not deported to war regions, being from these Soviet and Yugoslavian regions corresponded to a blind spot created by the recent change in Swedish law that limited the acceptance of refugee claims to those coming from countries with active war (Aviv 2016). This meant, because of an absence of active war in the last decade in these countries, families who sought refuge in Sweden had a difficult time proving the danger awaiting them in their countries of origin.

Georgi's situation follows a similar path. After a burning controversy over Georgi's condition his family is granted permanent residency. The efforts to help Georgi "absorb the news" illustrate another astonishing quality of this peculiar condition (76). With Georgi, Aviv describes how "for two weeks" this process of absorption endured:

> Georgi's brother, parents, and friends tried to get him to absorb the good news. His family took him in his wheelchair to an ice-skating rink, where his classmates were playing hockey, but the fresh air had little noticeable effect. 'You have got the positive!' one of his friends kept shouting. 'We tried to show him that our mood had changed.' (76)

In efforts to formulate a response of care to this particular adolescent we come across the familiar urge in contemporary frameworks to equate evidence with care. Ambiguity is perceived as the obstacle. The boundaries between what is psychological and what is biological, what is political and what is sociological, what is genuine

suffering and what is fake, what is inside and what is outside, what is cultural and what is universal are difficult to maintain. Each attempt that failed to maintain these boundaries had a direct consequence on the question of what counts as evidence of care.

The stakes I have highlighted here constitute some of the central dilemmas that non-dynamic formulations of the adolescent body carry: Does the response create the problem? Or, does the question of response reside within the problem? What do adolescents suffer from? To what extent is the experience of response related to the experience of suffering? The case of children and adolescents with severe withdrawal also illustrates a central dimension of the discussion. Why has the search for an internalized cause, a search that ranges from testing blood, to mapping genetics and imaging the brain, become the predominant way of receiving, representing, and responding to adolescent subjectivity?

1.4. Method: Psychosocial case reasoning

The methodological approach in this study is primarily psychosocial in that "case reasoning" has been placed at the centre of the analysis (Forrester 2016, 2). In his study *Thinking in Cases*, John Forrester develops a conceptual tool he calls "case reasoning" (2). In the study, *The Taming of Chance* Hacking had employed the term "style of reasoning" to refer to six distinct styles of reasoning in science: "a) the simple postulation and deduction, b) experimental exploration, c) hypothetical construction of models by analogy, d) ordering of variety by comparison and taxonomy, e) statistical analysis of regularities of populations, and f) historical derivation of genetic development" (2002, 6). Forrester suggests that case reasoning should be added to these styles of reasoning as "'thinking in cases' [is] another style of reasoning, in which individual cases served as

exemplars with scientific and legal thought" (Evans 2017, 8-9). Within these styles of reasoning, "thinking in cases" to investigate the meanings and implications of the adolescent body as non-dynamic allows me to carry out two concurrent inquiries.

First, the psychosocial style of reasoning allows my inquiry to investigate how the non-dynamic adolescent body gained centrality in the provision of care by looking at the network of social relations that the exemplar is intrinsically a part of, a network Kuhn termed the "disciplinary matrix" (2012, 182). The second reason turns to the ethical, educational, and clinical implications of the adolescent body both for the adolescent and for the caregiver in the contemporary social establishments.

Before explaining in further detail these two main reasons that psychosocial reasoning structures my methodology, I turn to *The Taming of Chance* where Hacking (2002) draws on a shift I introduced earlier as statistical reasoning thought to situate psychosocial reasoning. To understand this of style reasoning it is helpful to revisit the ways thinking was changed in the social sciences through new methodologies. The revolutionary character of statistical reasoning lay in its capacity to overthrow causality in the social sciences. Unlike the determinism that generated causal accounts of human nature (and relied on the accepted fact that history rather than any degree of chance determined the present), the indeterminism which emerged meant that "social and personal laws were to be a matter of probabilities" (Hacking 2002, 2). Probability was meant to address indeterminism which had hosted the possibility of a science with subjectivity as it seemed to promise subjectivity liberated from the confines of causality. But as the statistical style of reasoning became central, probability—initially linked to the indeterminacy—now became a new form of determinacy as it was applied to

human psychology. Measurements supplanted subjective experiences. And, as Hacking notes, "with the erosion of determinism:"

> Society became statistical. A new type of law came into being, analogous to the laws of human nature, but pertaining to people. These new laws were expressed in terms of probability. They carried with them the connotations of normalcy and deviations from the norm. (2002, 1)

The adolescent body as non-dynamic followed this larger shift and the provision care in adolescent development was increasingly linked to self-authenticating accounts of "social and behavioural sciences, with consequences for the concept of causality in the natural sciences" (Hacking 2002, 7).

The statistical reasoning driven approach claims that what cases reveal hardly goes beyond reference to the exceptional and therefore can be either explicitly or implicitly dismissed (Vanheule 2017). The emergence of statistical inference as the chief mode of response to subjectivity in the helping professions had two central by-products. The first consequence that I will elaborate throughout this dissertation is that the replacement of indeterminacy with statistical reasoning led to an unexpected consequence whereby the helping professions lost a central quality, namely, the "possibility of a science of the individual" (Forrester 2016, 10). In *Thinking in Cases* John Forrester (2016) noted that the human sciences are not organized "around the attainment of generalizable laws", but rather on "infinitely various individuals, or cases" (13). Psychology, Law, and Medicine, among other sciences, are built on case studies. "It is the individuality of the patient" writes Forrester, that "in a sense, grants the word 'clinical' its meaning" (128). Forrester reminds us that what is lost in the ascendancy of

bodily formulations is the subjective and intersubjective quality because "when people talk about clinical medicine they usually mean medicine in its direct relationship to the patient" (127).

I employ case reasoning in this dissertation for its capacity to highlight what Kuhn (2012) called, the exemplar when he revised his concept of the paradigm—which back then was mostly overstretched and quickly came to mean anything that scientists agreed upon rather than its initial meaning of a certain agreement over practise. Exemplar refers to the ways that a solution is generated in a professional practice. Exemplar provides my study a unique occasion as it situates an individual professional's dilemmas over generating a response within a professional network as the exemplar refers to successful shared examples that guide professional encounters with the uncertainty of the limit (Forrester, 46). The exemplar serves further significance because it illustrates the addition of the "disciplinary matrix" which Kuhn later made in his revisions to describe the relational quality of shared examples. Kuhn (2012) employed the disciplinary matrix to "characterize the network of social relations in which the production and employment of social scientific knowledge are embedded" (7).

The second reason for employing psychosocial case reasoning in this inquiry lies in its capacity to highlight the implications of the provision of adolescent care generated through the non-dynamic adolescent body both for the subjects of care and for the caregiver. Among many implications, investigating the recourses to the non-dynamic adolescent body has ethical, educational, clinical, and legal implications. Here, I join Hacking (2002) to address the ethical questions at stake in the conceptions of the non-dynamic adolescent body because, while probability gained through the statistical

approach, it cannot be the basis of ethics to "dictate values," thus this approach "lies at the basis of all reasonable choice made by officials" (4). The non-dynamic adolescent body, as I show in each chapter has become the organizing principle for public and legal decision-making and educational intervention. By covering relationality with a veneer of objectivity that surfaces in different terms such as critical detachment or the best interest of the adolescent, the question of how to care for adolescents is replaced by claims of objectivity embedded in formulations of the adolescent body.

Case reasoning brings us back to the importance of subjectivity—not only the subjectivity of the adolescent but also of the professional. For the clinician, parent, educator or legal professional involved with the provision of adolescent development, the status of subjectivity is integral to the provision of care. It is because the subjectivity of the caregiver has been rendered irrelevant, as the logic of statistical inference has harvested the imaginary, that the question of care and suffering hinges on the way the caregiver's subjectivity is detached from it.

This lack of qualification that saturates the care relation emanates from the law-like probability of statistical reasoning dictates ethical measure (Hacking 2002). Psychosocial case reasoning reopens this research question of the merits of qualification of unique human experience on a case by case basis. "Equity", Forrester (2006) writes, "ever since Aristotle, has been concerned not with principles, but with addressing features of cases that cannot be governed by rules alone. Equity is about doing justice to the individual case, [….] Case law actually operates by connecting case to case in a more direct way. You don't need to pass via generality" (128-9). Drawing from these arguments, in my analysis of adolescent subjectivity as received, represented, and in

response, and with close connection to the non-dynamic adolescent body, I pay particular attention to the way that psychologists, psychoanalysts, epidemiologists, educators, and legal professionals use the adolescent body in their formulations of care.

The works of Darian Leader (2011; 2016), D.W. Winnicott (2012a; 2012b; 2012c), Deborah Britzman (2006; 2009; 2012; 2013; 2015), Julia Kristeva (2011; 2012), Erving Goffman (1961; 1963), and John Forrester (2016) are central in guiding my approach to analyse a) how the non-dynamic adolescent body was constructed through styles of reasoning; b) how the style of reasoning influenced law, education, and the clinic directly and indirectly; and c) how these styles of reasoning affected the subjects of care and the professionals charged with that care. In analysing this interplay that Hacking (1998) called "looping effects", my larger goal is to situate the emergence of the non-dynamic adolescent body as the by-product of a larger transformation in contemporary social establishments (21). Working with the ways this particular formulation of the adolescent body is used to define, represent, and respond to adolescent experience, I try to show "the consequences for the way in which we conceive of others and think of our own possibilities and potentialities" (Hacking 2002, 6).

Instead of pointing out the places that clinical psychological practise, educational and legal frameworks failed to conceptualize the relational aspect of the adolescent body, where the limit is rendered insignificant and external to the engagement, my study argues that psychosocial case reasoning offers a potential for a new type of engagement with current issues in the provision of adolescent care. Here the limit is understood to be integral to the engagement in care relations. This dissertation maintains that understanding the relational and intersubjective dimensions of the body as central aspects

of human development provides us with a much more detailed and nuanced understanding of the impasses around current issues in the ways social establishments provision adolescent care.

There are two significant limitations that clarify my use of cases in this study. The first limitation stems from the methodological aspect. Throughout I employ cases such as textbooks and legal cases. My use of cases follows Forrester and Kuhn, who spoke of how cases as exemplars can serve to illustrate a "group's unproblematic conduct of research" and focus on what binds a professional community together (Kuhn 1974, 22). The cases I draw on are not employed as proof or counter-argument; I have chosen these cases not for their representational capacity, but for their capacity to highlight and qualify the "research activity itself" (Kuhn 2012, 1). Kuhn once famously pointed out that making generalizations about a professional activity only on the basis of textbooks is analogous to learning about a "national culture drawn from a tourist brochure or a language text" (1). Textbooks, among other objects I have chosen to study, speak to a shared exemplarity that "aim[s] to communicate the vocabulary of a contemporary scientific language" (136).

The second limitation is linked to what Kuhn (2012) termed "incommensurability" (148). In the analysis of cases, I carry out two different readings. I read the cases in terms of the epistemology that I find they are already rendered by and from the epistemology embedded in psychosocial theory. Hence, in my analysis I do not aim at evaluating proof because the tension between competing epistemologies is not "resolve[d] by proofs" (Kuhn 2012, 148). Rather, I engage with the dynamic and logic of the provision of care in different frameworks. It is also important to note that while

analysing the cases, when I focus on the practitioner in a given framework, my interest is not to critique therefore implying an atypical, unusual, or maladroit handling of the situation yet this does not characterize my engagement with the case reasoning as producing "falsification" (146). In working with cases, my interest is informed by the way Kuhn understood the common practice of a professional activity as derived from the "incompleteness and imperfection of the existing data-theory fit, at any time" (146).

The cases that this study draws from, then, are analysed to show the limits of thinking in certain professions and the manifestations of resistance in these professions in relation to the exemplars. Here I follow Kuhn's argument that a professional activity is carried out on the basis of cultivated professional "background provided by expectation" pedagogical relations that guides the practitioner to render each case legible (64). Each case, the concept of exemplar suggests, refers to the practitioner's engagement with the question of limit and decisions that transform the limit into a professional activity. A practitioner, whether this is in law, educational, or psychological clinical practice, engages with the limit. The exemplar, in this sense, is the shared way of making the case legible despite the imperfection of the data-theory fit. Because the exemplar inherits a fundamental difficulty that follows a self-authenticating logic of practice it can thus easily act as "evidence for the theory, the reasons why it ought to be believed" (80). Following this tradition of critique, this study avoids cultivating an interest in grandiose statements about what the adolescent suffers from, the nature of the adolescent brain, or what education should do about adolescence. This study is, rather, an open debate on the research and responses to impasses in contemporary adolescent subjectivity with an eye to their "normal problem-solving activity" (Kuhn 2012, 75). My interest is in the

knowledge embedded in shared examples concentrated "not [on] a subject matter" but on how it governs "a group of practitioners" (179).

1.5. Chapter outlines

Chapter two starts with the idea that what gives the permeating formulations of adolescent experience their impersonal, non-relational, and asocial qualities is their assumption that "biological irregularities" lie in the stress and sorrows of adolescent experience (Vanheule 2017, 4). This pervading assumption opens to a neglected conflict explored through the analysis of a case. It is one where we see the continued uses of the adolescent body rendered non-dynamic through biological irregularities as a causal explanation whereas the lack of supporting evidence is not sufficient to maintain a correlational hypothesis. The case is that of Gavin Grimm, a transgender American high school student who takes up a lawsuit with the school board. I analyze this case through historical and theoretical underpinnings of the non-dynamic adolescent body that bring us to two intersecting inquiries on the provision of adolescent care in contemporary social establishments: What does it mean to imagine the provision of adolescent care and maintain its authority by way of statistical reasoning that de-prioritizes the dimensions of subjectivity through the assumption that "the context of [the] individual (i.e. the life history, social circumstances, and cultural background) is thought to play only a minor moderating role?" (Vanheule 2017, 4). What are some implications of this imagining for both adolescent subjectivity and the provision of care that involve various social establishments concerned with adolescent development? I analyse these questions by looking at the ways formulations of the adolescent body are taken up by the provision of care. My analysis is predicated upon carefully analyzing the dynamic of exemplar that the

medical approach to adolescence stresses and sorrows as its crisis. Working with the ethical, clinical, and educational implications of relying on markers of biological irregularities as the central mode of approaching adolescent subjectivity, I maintain, is not only the central part of responding to the adolescent but also the central dimension of maintaining the care for quality of self for it provides "apparent adequations" through the "logic [of] recursivity" (Cornell 1990, 220). I make a plea for an approach that aims to stay with the subjective dimension of the work of the provision of care where the limit is not locked into an anomaly but becomes integral to the question of how to understand and respond to contemporary adolescent subjectivity.

In Chapter three, I concentrate on the difficulties and strength of the subjective and intersubjective qualities of adolescent experience and the provision of care, the absence of which are the major pillars of non-dynamic formulations adolescent subjectivity. I discuss the limit that subjectivity and intersubjectivity pose on the imaginary of adolescent education. Adolescent education provides a unique opportunity because education illustrates the increasingly diminishing contexts of intersubjectivity upheld in formulations of adolescent subjectivity because education is the natural guarantor for adolescent development. The adolescent body in education illustrates how reception, representation, and response to adolescent experience are major consequences of the non-dynamic adolescent body that we find often drift to the wider tensions of sovereignty, boundaries between childhood, adolescence, and adulthood, and other limits, such as those between learning and not learning, and between what is ordinary and what is not. I discuss how the provision of care in education is locked into disowning the significance of the limit through non-dynamic formulations of adolescent sorrows and

stress when the question of limit that is exposed by the adolescent body fails to be engaged through subjectivity and intersubjectivity. In this way I aim to counter arguments that may see intersubjectivity and education as less rigorous than psychological and legal readings of the limit and therefore provision of adolescent subjectivity.

In Chapter four, I consider the popular imaginary of the adolescent body through the question of technology because adolescents' use of technology has become the most anxiety-provoking concern of adolescent development. Technology, for this reason, has increasingly signified the failure of social institutions and adolescent development. Here I discuss two directions taken in social establishments in the modes of describing the shift in care regarding adolescents' relations to technology, a relation succinctly described by Bernard Stiegler (2010) as "the new guardians of youth" (51). The adolescents overwhelming use and dependence on technology, I argue, is as an expression of dissociation and sometimes as a means to solidify their engagement (association) in a social establishment. In this chapter, starting from psychosocial suppositions about engagement and disengagement through the works of Winnicott (2012b), Leader (2009; 2011; 2016) and Goffman (1963), I make a case for considering the adolescent body as perpetually subject to the tension of dissociation and association in their efforts to become someone. By drawing on relationality as the interplay between association-dissociation present in bodily expression right from infancy onwards, I suggest that a psychosocial approach to the image of dissociation and adolescence opens onto an overlooked aspect of the body in formulations of adolescent subjectivity, technology, and instituted care.

In Chapter five I concentrate on the idealization of the non-dynamic adolescent body through the caregiver's claims of critical detachment. One form this takes is in a commitment to approach adolescent suffering as a psychological disturbance and a failed biology. The insistence the adolescent adhere to social conventions forecloses the capacity of care. This chapter moves to a short story and memoir to discuss a psychosocial reading of fantasies of behaviour and feelings that allow us to engage with the juncture between the work of care and the experience of subjectivity. It offers us a glimpse of what gets lost in claims of critical detachment. I turn to two literary figures. The first is the character of Bartleby in Herman Melville's (2009) famous story "Bartleby the Scrivener", and the second is the memoir of Herculine Barbin that was found and published by Michel Foucault (2010). These literary figures present the interplay of being a body versus having a body in conversation with the questions of care. I discuss the implications of considering "how we read and to what end" (Felski 2015, 6). My focus here is with the ways in which the onlooker and the adolescent interpret their respective experiences. This turn will help us address the intimate link in the articulations of subjectivity for which bodily expressions become difficulties for those involved in questions and protests of representation, response, and reception.

My aim in this dissertation is to illustrate a dual movement at work in the provision of care in social establishments which is clear in recourses to the non-dynamic body: it is the movement between the adolescent as being a body versus the adolescent as having a body. The duality of the adolescent as being a body and the adolescent as having a body will illustrate why particular formulations of the adolescent as a body become only plausible through the externalization of the experience of care. By externalization I

mean to signify the refusal to be involved in the relationship of care. Or, the idea that

helping is objectified and split off from the helper. This psychological process is akin

Felski (2014) terms as "critical detachment" in reading. There, the reader disidentifies

from with the character's situation. A critique of externalization is key to considering

why expressions of adolescent subjectivity and the work of care offer us a new picture of

how relationality is embedded in the struggle to inhabit a body.

Chapter 2: Adolescent Suffering as Bodily Expressions and the Clinic's Response

2.1. Introduction

Gavin Grimm is a high school student living in Gloucester County,

Virginia. While continuing his studies in high school Gavin transitioned from female to

male , without sex-reassignment surgery. Following his transition, Gavin requested to

use the boy's bathroom rather than the single stall bathroom at his school. The request

was first granted by the school and then met with refusal after the school held a town hall

meeting which allowed parents and community to give input. After the town meeting the

school issued a resolution that the use of male and female restrooms and locker rooms

"shall be limited to the corresponding biological genders, and students with gender

identity issues shall be provided an alternative private facility" (Gloucester County

School Board, 4). With the support of the ACLU, a Non-profit Organization that offers

legal support, Gavin Grimm mounted a human rights case to appeal this decision and

reinstate his human right to use the boy's bathroom.

This sketch of the case of Grimm outlines this chapter's inquiry. In this chapter I

investigate the meanings and implications of receiving, representing, and responding to

adolescent subjectivity through non-dynamic formulations of the adolescent body. This

discourse, which I will call the discourse of internalisation, disseminates from the use of

epidemiological studies in clinical psychological frameworks. I demonstrate that the case

of Gavin Grimm exemplifies a current limitation of institutional frameworks concerned

with adolescent development. Relying on biological markers has become the central way

of maintaining what Niklas Luhmann (1986) calls "the logic of recursivity" (quoted in

Cornell 1990, 120). This logic is embedded in systems, including both legal and

educational establishments, so as to acquire a self-maintaining quality. The self-maintaining quality is what enables operations of professional practices such as law to rely on a self-authenticating internal structure. This allows the practitioner to rely on the internal logic of a system to render a case legible.

In the context of this chapter the logic of recursivity refers to the ways that the discourse of internalisation is embedded in how contemporary adolescent subjectivity is discursively formulated in social establishments. I maintain that the adolescent body, constructed through the discourse of internalisation, is the chief component through which the institutional provisions of care maintain themselves as self-authenticating establishments. Formulations of the adolescent body appear as an enforced equation between the discourse of internalisation on body and the discourse on care. Following the same logic, this discourse on the adolescent body enables the legal system to maintain the "seeming adequation" of the legal system and justice; in education it helps educational institutions to maintain a belief in the link between education and adolescent development; and in the clinical psychological frameworks it comes into view in the idealized equation that connects psychotherapy and care.

This chapter inquires into the operationally closed establishment concerned with the provision of care for contemporary adolescent subjectivity and asks what happens to self-maintaining systems when a subject's situation cannot be adequately translated into the terms of a system. For Cornell (1990) the risk of failing to respond to Grimm's claim has ethical and legal consequences for the profession and for the subject as this risk is at work in any case where the function of a system is defined as immanent in its modus operandi. As for my discussion, I ask, what happens when an adolescent's claim cannot

be translated into legal, educational, or clinical systems? This risk cannot be separated from the system's normative closure because it paves the way for practitioners "to be caught in a mechanism in which they cannot escape" (Cornell, 121).

In the first part of the chapter, I examine the structure of the uses of the adolescent body as non-dynamic through a close analysis of Gavin Grimm. Gavin Grimm's story starts with a request to use the male washroom which precipitated a series of events that began in a psychologist's consulting room, moved into the offices of school administration, from there travelled to the school board, and ended up in courtrooms. Here I investigate the underlying dynamic of that imaginary by looking at how this case offers a shared ground for the actors in these educational, legal, and psychological frameworks.

The second part of this chapter takes the dilemmas in responses to Grimm's request to the structural level. The introduction of the new category of "Gender Dysphoria" is illustrative of the logic of recursivity and its ethical, educational, and clinical, implications (American Psychiatric Association 2013, 451). This involves a methodological discussion that is inherently linked to historical, administrative, and political decisions and responses, to the gender trouble afflicting the helping professions. I insist on a pedagogical turn toward these methodological and epistemological questions by way of focusing on the question of limit exposed by Grimm's case.

2.2. The limit of normative closure and its implications

Gavin Grimm's story supports us to observe the logic of reasoning in decisions based on the discourse of internalisation because the discourse of internalization on adolescent subjectivity is implicitly and explicitly present in formulations of the

adolescent body as non-dynamic. Grimm's story begins in his sophomore year of high school. After transitioning, Gavin Grimm informed the school principal "armed with a note from a licensed doctor diagnosing him with gender dysphoria" (Riley 2016, para. 13). When he informed the school principal about his transition, Grimm received his support: "I assure you, in my school, you're not going to get flak from teachers. And if any bullying should occur, it will not continue to occur if you report it" (Riley 2016, para. 50). At first Grimm did not request to use the boys' washroom, instead he asked to use the nurse's washroom for fear of his reception. After a while he communicated his request to use the boy's washroom to the school principal and the principal's response was affirmative: "'I don't really have a reason to say no, so we'll say yes and see how it goes" (Riley 2016, para. 50).

After this exchange, Grimm used the boys' washroom without incident for seven weeks. The Gloucester County School Board overruled the school's decision after an anonymous complaint was logged. The complaint quickly made its way to the Gloucester County School Board, "which placed Grimm at the top of its meeting agenda" (Riley 2016, para.13). Grimm's request was subsequently interpreted as inappropriate.

The school held a subsequent meeting open to parents. The arguments made by parents fell back on concerns over safety and moralism. After this meeting, Grimm's access to the boys' washroom was barred. The board deemed that providing an "alternate, private facility"—a unisex washroom—would be the appropriate response. In addition to the boys' and girls' washrooms, the school was pressed to furnish another washroom. The school hastily overhauled an unused janitor's closet for Grimm and any other transgender students to access. The new facility was a dark and closeted space, and

Grimm instead made use of the washroom in the nurse's station while he followed up his request with the courts.

Grimm would take the School Board's decision to the District Court. There, the judge presiding over Gavin Grimm's lawsuit stated, "I have no problem with transgender. I have a lot of problems with sex" (Holden 2015, para. 7). Here, the judge refers to the language of Title IX of the American Education Act which provides the protective language "[n]o person... shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance" (Title IX of 20 U.S.CA § 168). Judge Doumar rejected considering the claim on the grounds of Title IX. Grimm's claim draws on the argument that it is one's right to use the bathroom that corresponds with gender identity rather than gender at birth. As Jeannie Suk Gerson (2016) of the New Yorker reported, "an official at the Department of Education's Office for Civil Rights, or O.C.R., responded to the situation with a short opinion letter stating that schools "'must treat transgender students consistent with their gender identity' (rather than, say, sex assigned at birth, genitalia, reproductive organs, or chromosomes)" (para. 4). This letter cites Title IX in the formulation of language used to guarantee the rights of transgender students to participate in school according to self-identification.

In the judge's words, "I have no problem with transgender, I have a lot of problems with sex," it appears that the judge's problem lies in sex as a biological assignment that enters into the scene of adjudication through the language of Title IX (Holden, 2015, para. 7). Judge Doumar's refusal to consider Gavin Grimm's request illustrates that the problem of normative foreclosure persists in the legal discourse of law

that permeates through social establishments of care. His response can be seen as constrained by the law's professional conventions. Judge Doumar's responses are illustrative for their capacity to show us the question of limit in law as the central aspect of its operation which constitutes a significant occasion to approach the adolescent body as a question of care, ethics, and justice.

The initial legal response to Grimm reveals a floating imagination at the heart of the institutional difficulty with adolescent sexuality that prevailed in the law as a difficulty with gender identity that does not correspond with sex assigned at birth. The question of gender was not a new issue. Gender has previously provided a persuasive ground for permitting students to access facilities such as showers, toilets, and locker rooms in schools. To implement, regulations referred to Title IX to permit the provision of a "separate toilet, locker room, and shower facilities on the basis of sex, but such facilities provided for students of one sex shall be comparable to such facilities for students of the other sex." (34 C.F.R. § 106.33) The Office for Civil Rights, a sub-agency of the Department of Education responsible for the enforcement of Title IX in educational institutions, had previously brought to court several cases of "students who were subject to harassment or discrimination on the basis of their gender identity, gender expression, or failure to conform to gender stereotypes". (Carlson 2012, 2-3). The scope wasn't extended to transgender students. What Gavin's request exposes is the normative idealism in different systems including education, law, and psychology in their relation to gender.

The case became more complicated after its dismissal on the grounds of Title IX. After losing his case, Gavin Grimm appealed to the Fourth Circuit Court of Appeals.

Attorneys appealed based on the new category of "Gender Dysphoria" (American

Psychiatric Association 2013, 451) which replaced the category of "Gender Identity

Disorder" (American Psychiatric Association 2000, 535). This court deals with

applications of reversal of jurisdiction of district court decisions. On April 19 2016, a

three-judge panel vacated Doumar's decision regarding Title IX. In *G. G., by his next

friend and mother, Deirdre Grimm v. Gloucester County School Board* (15-2056 (4th

Cir. 2016), the three-judge panel pointed out the government's "interpretation of its own

ambiguous regulation" (16), it "conclude[d] that the district court used the wrong

evidentiary standard in assessing G.G.'s motion for a preliminary injunction […] and

"remand[ed] the case for further proceedings consistent with this opinion".

In the meantime, the Department of Education and the Department of Justice

issued a joint letter entitled "Dear Colleague" in May 2016 with the intent to inform

educators on how "to ensure that all students, including transgender students, can attend

school in an environment free from discrimination based on sex" (U.S Department of

Education 2016, para. 1). Considering Title IX, this joint statement outlines four

obligations educators must uphold to secure students' rights alongside "Examples of

Policies and Emerging Practices for Supporting Transgender Students" (U.S Department

of Justice and U.S Department of Education 2016b). The letter explains the term

transgender in relation to sex and gender to outline schools' obligations to secure

transgender students "equal access to educational programs and activities even in

circumstances in which other students, parents, or community members raise objections

or concerns" (U.S Department of Justice and U.S Department of Education 2016a, 2).

The letter contains a sophisticated view of gender to cover transgender students'
status in schools by treating identified gender as sex. The Department of Justice issued a
public press release alongside the letter to outline the steps that schools are expected to
take:

> 1- Respond promptly and effectively to sex-based harassment of all students,
> including harassment based on a student's actual or perceived gender identity,
> transgender status, or gender transition;
>
> 2-Treat students consistent with their gender identity even if their school records
> or identification documents indicate a different sex;
>
> 3-Allow students to participate in sex-segregated activities and access sex-
> segregated facilities consistent with their gender identity; and
>
> 4-Protect students' privacy related to their transgender status under Title IX and
> the Family Educational Rights and Privacy Act. (U.S Department of Justice and
> U.S Department of Education 2016a, 2)

A month after the statement issued by the Department of Education and the Department
of Justice the Federal Court took up the case that was overturned and sent back by the
Court of Appeals. On June 23, Judge Doumar issued a preliminary injunction in Grimm's
favor. In October 2016, the Supreme Court took up what came to be known in the process
as the Bathroom Bill, a name that suggests an interpretation of Title IX according to a
reading where gender is the organizing principle. In March 2017 this bill was reversed
which, in Grimm's case, "the Supreme Court announced", citing the Trump
administration's withdrawal of the reading of Title IX, "it would not decide whether a

transgender boy in Virginia could use the boys' bathroom at his high school" (Liptak 2017, para. 1).

2.3. The adolescent body at the junction of operational closure and ethics

Responses to Grimm's story bring us the ethical and professional dilemmas pertaining to the provision of care in adolescent education. It must be noted that the decisions by Judge Doumar and the school board signal a conflict that is not exceptional and which can be attributed to malpractice, yet the conflict is mitigated by law and educational conventions where we find an implicit assurance of a possible sexual order by maintaining a separation between the signifiers of transgender and sex. It was made possible by way of holding the interpretation of Title IX's operative provision to cover discrimination on the basis of biological sex only, and not the expression of gender or the identified gender. Judge Doumar's initial refusal to consider the case on the grounds of Title IX and the injunction he issues in favour of Grimm, once his ruling has been overturned by the Court of Appeals, exemplifies a problem that we see in Grimm's case playing out specifically in the context of legal positivism and on a larger scale as a problem of the ways the limit persists in clinical and educational frameworks.

In both contexts, the adolescent body is what comes to play as a limit. The problem with the legal interpretation of Grimm's case derives from the dismissal of the significance of the limit that Grimm's case shows. This is made from the rigid distinction between what is internal and what is external to legal, educational, and clinical systems. While the rigid distinction enables legal, educational, and clinical interpretations to be in line with the functioning of a system, these rigid distinctions risk equating law with justice, description with prescription, and judgement with calculation.

The joint letter issued by the Department of Education and the Department of Justice identifies the limit for accessing educational facilities through positivist legal interpretation and illustrates the ramifications of interpreting sex as equated with gender. Judge Doumar's initial dismissal of Grimm's request under Title IX mirrors the confusion of sex and gender held ambiguously by law where sex is tied to biological markers. In reading the responses to Gavin Grimm's request we find implicit recognition of the limit in current relations to adolescent development and, too, in the responses that dismiss Grimm's request to be considered on the grounds of Title IX. The legal limitation is recognized yet not rendered significant.

This is where we find what Cornell (1990) speaks of as the limit embedded in the positivist legal imagination, which in result, paves the way for collapsing law and justice, and for prescription to collapse description. Most crucially, I want to draw attention to how the discourse of internalisation on the adolescent body appears as the crux that discussions fall back on to create a response to subjective experience.

Cornell's (1990) work on legal positivism provides a useful way to reflect on the conflict of the provision of care embedded in the status of the adolescent body in Grimm's case. Cornell argues that recognising the juridical and legal significance of the limit of legal positivism helps us form an ethical relation to what is other to the system. There is simple question that points out the significance of limit for a subject who is subject to the legal system which Cornell points out: what happens to the questions of judgement, interpretation, and ethics "if a victim's claim can still not be adequately translated" in a legitimate and functioning law where justice is defined as immanent within an operative system of law? (132) Cornell claims that when justice is defined as

something already integral to the maintenance of a legal system, it "reinstates a circular mode of justification that turns on what already is. Therefore, such an appeal still collapses prescription and description" (132). These ideas are based on a reflection of prevailing ideas found in the operation of traditional positivist law. Legal positivism, Cornell maintains, is predicated upon its capacity to achieve a "normative closure," that is to say, a self-maintained system formed through a set of internal operations (122).

The dilemma lies in the legal imagination that relies on legal positivism. In the prevailing legal imagination we find what Niklas Luhmann described as "autopoiesis" a function of normative law that refers to "recursive operations of self-referential systems" (1995, xxi). Autopoiesis derives from a biological concept and refers to a system that is able to reproduce itself. It depends on the assumption that law functions as long as it is an operationally closed system. Cornell explains this succinctly:

> The central thesis of autopoiesis as it has been succinctly summarized is that legal propositions or norms must be understood within a self-generating system of communication which both defines relations with the outside environment and provides itself with its own mechanism of justification. Autopoiesis conserves law as an autonomous system that achieves full normative closure through epistemological constructivism. (1990, 122)

The risk is at the intersection of responsibility and justice, where judgement presents a dilemma. A judgement that relies on legal positivism is predicated upon the operational closure to remain a system. This makes it dependant upon rigid distinctions of internal and external.

The suggestion that Cornell makes is that without appealing to an external order or submitting to the internal distinction, "boundaries yield [and] the conception of what is internal and external can be redefined" (142). As we approach this limit we translate towards a delimited system rather than getting rid of the system or dismissing the dynamics of a system. The insistence on what is internal and external in explaining the function of a system can explain the "self-maintenance of a legal system, but such theory cannot explain justice, because Justice, at least defined by Derrida, is precisely the limit of the legal system" (143).

With this discussion on the idealism of legal positivism in mind, we can turn to Grimm's case. A focus on the limit in Grimm's case shows us a unique dimension of the use of recourses to the non-dynamic adolescent body and gives us a new reading of the relationship between law, justice, care, development, responsibility, and interpretation. To emphasize the limit in responses will lead to a fresh focus on the adolescent body— whether in legal judgements, educational decisions, or clinical formulations—it will be a focus that avoids interpretation in that it is a covert projection of what should be rather than what is.

2.4. Avoiding experience: opening arguments of splitting

The legal and educational responses to adolescent sexuality serve as substantial examples for thinking about the limit of the logic of recursivity embedded in institutional responses to adolescent subjectivity. In Title IX there is a blurry zone that fails to translate adolescent sexuality. In consequence, Title IX exposed a limit with the potential to engage adolescent experience and this limit was felt by professionals. The potential was overlooked because the limit was rendered irrelevant by the normative foreclosure

of the law. Disowning the significance of limit led to a number of splittings. The splitting

at stake here is in the institutional responses grounded in biomedical approaches that

propose a clear separation between adolescence and adulthood, development and

stagnancy, and order and disorder. We can observe this splitting in the case of Grimm

where we find a series of renounced links: Besides renouncing the relationship between

sex and gender, Judge Doumar, overruled the ACLU's plea that Grimm's case be

considered under Title IX. Grimm's initial therapist, too, is implicated in the logic of

splitting, as in response to Grimm coming out as transgender. The therapist failed to

sustain interest in the nature of Grimm's experience by saying, "You don't have to

explain yourself," and, "I get it" (Riley 2016, para. 44). Each time Grimm's request

manifested in an institutional setting it created an event. While each setting yielded to

different internal logic, each of the responses from the judge, psychologist, and school

board illustrates the question of the limit of thinking. "You don't have to explain

yourself," said the psychologist, when Grimm wanted to explain himself. "I have a

problem with sex" the judge said when the problem was with identity founded on notions

of gender grounded in the biological assignment of sex. Grimm's request to have his

lived reality acknowledged apart from the discourse of 'explanation' and 'disorder',

reveals the limits of those discourses in their address of adolescent sexuality. These

examples point to an experience of responding that is difficult to account for, and, at its

best and, at its worst, borders on discrimination and abuse.

      The notions of the limit and singularity of the subject in the law and the clinical

field found in the works of John Forrester (2016) and Drucilla Cornell (1990) can give us

a new way to think about the ethical dilemmas in recourses to the non-dynamic

adolescent body. Both Forrester and Cornell, albeit in different disciplinary terms, but using the method of the case, draw on the significance the limit might pose to social establishments of care, not as an anomaly to dismiss but as integral to professional practice, where it is a way to resolve the tension between generalities of a profession and the singularity of a case even if the limit presents an anomalous profile for the professional.

For Forrester the limit serves a fundamental role in the practice of professions like clinical medicine, law, and anthropology. Although the capacity to respond to the singularity of a case is what constitutes each practice; each field confronts what we can tentatively call the danger of the limit where we might fall short, dismiss, overlook, or fail to respond in accordance with the generalities of the discipline. Law, for Forrester is exemplary for the question of singularity. In law the problem of singularity manifests around the question of equity. "Equity", Forrester (2016) writes, "is a branch of law that refuses principles, refuses generality to deliver justice" (128). We can add that the institution's ethical and responsible relation to adolescent experience is linked to its capacity to respond to the singularity of experience. For Cornell the limit serves a practical purpose. The limit links a juridical query to "questions of ethics, justice, and legal interpretation" (1990, 1). The notion of limit points to what idealism fails to capture—that 'reality' is not a blunt limitation per se but a significant possibility to reflect on the rigid distinctions between internal and external in the operation of a system. The logic of limit reveals the self-referential dynamic of a system that can be an obstacle to perceiving singularity in its complexity. The limit shows us where the law breaks down in its adjudication of experience that cannot hold to its prescription of human life.

The limit, for both scholars, is what exists in every case.

Because responses to adolescent subjectivity have been dramatically informed by the biomedical imagination, the limit that might contribute to reflecting on the profession's capacity to respond is lost and rendered as irrelevant, insignificant, or even untouched. We can see this problematic at work in Grimm's case. For example, take the first phase of his request. At school Grimm's request was first confirmed and then overruled. And with the therapist, his concern was noticed and yet pre-empted. Gavin's request at the board meeting was met with a similar movement: His educational request was quickly ruled out by parental questions. Just as the educational frame collapses into the legal one, sex collapses into gender, and adolescent experience of sexuality collapses into that of the adult's problem with sex. In each context the suspension of Grimm's claims—the educational claim in the school, the psychological claim in the clinic, the legal claims in the courts, his request to participate in school life with the approval of the context of his demand—these were overlooked due to the discourse of internalization predicated upon a biological marker.

In the following section I sketch out the logic of biomedical idealism at work in the internalisation discourse of clinical psychological frameworks. In doing this my guiding principle is to describe what happens to the limit and how it directly served clinical psychological frameworks and indirectly other frameworks such as education and the legal in their relation to adolescent subjectivity. By following this guiding inquiry I avoid rehearsing the well-worn debates of order-disorder, health-pathology, and cure-cause that Judith Butler famously called "the circular ruins of contemporary debate,"

which inevitably lead to provisional and temporary triumphalism (2011, 11).

 2.5. The crisis of exemplar and its resolution

The responses to Grimm's request show that in each situation there is an assumption of sexuality (through claims about adolescence, bodies, and parenting) as a purely biological phenomenon, as self-evident empirical knowledge that can be seen in the routine backslide to moralism, and as non-dynamic biologism which tenders proof. In this view t sexuality has nothing to do with a profession's ethical or professional responsibilities. In his 1996 paper "Has Sexuality Anything to do with Psychoanalysis?" André Green reminds us that our interpretation of sexuality has drifted towards compartmentalization and notes the significance that sexuality brings to clinical frameworks: "[sexuality] is no longer considered to be a major factor in child development… It is as if sexuality were now considered a topic of specialised significance, a limited area of the internal world among other such" (871). Green is attentive to the absenting of sexuality in clinical frameworks, one that resembles one's early confusion about genitality and sexuality. With an eye to the horizons of interpretation, Green raises a lucid question that takes on the different orientations of the clinical framework by asserting the problematic: what if sexuality is ignored and limited to the manifest level? Ian Parker (2011) raises a similar concern in his book *Lacanian Psychoanalysis*. Parker observes that in the clinic the role of sexuality is either avoided or obscured through "pious appeals to sweet reason, dissolving sex into attachment in 'relationships'" (16). Both Parker and A. Green point out the disappearance of sexuality as integral dimensions of subjectivity through an increasingly pressing picture of the non-dynamic realm of subjectivity. In what follows, I ask what it might mean to search for an

engagement with adolescent experience without recourse to a non-dynamic view of the adolescent body.

The objectifying of Grimm's request to participate in school life with self-identity is tied to the history of clinical diagnosis espoused by the DSM. The case of the invention of Gender Dysphoria is an example of the nuances of the diagnostic authority that persists despite its own logic. Some thirty-five years after the major shift marked by the third revision of the DSM, Robert Spitzer and Kenneth Zucker (2005), held to be among the chief architects of modern classifications of mental disorders, commented on their motivation for introducing the entity of Gender Identity Disorder of Childhood Diagnosis into the DSM III despite there being insufficient data to support such a classification. The justifications for why GIDC was introduced take us to the heart of the matter regarding idealism:

> We argue that GIDC was included as a psychiatric diagnosis because it met the generally accepted criteria used by the framers of DSM-III for inclusion (for example, clinical utility, acceptability to clinicians of various theoretical persuasions, and an empirical database to propose explicit diagnostic criteria that could be tested for reliability and validity). In this respect, the entry of GIDC into the psychiatric nomenclature was guided by the reliance on "expert consensus" (research clinicians)—the same mechanism that led to the introduction of many new psychiatric diagnoses, including those for which systematic field trials were not available when the DSM-III was published. (31)

The emphasis placed by Spitzer and Zucker on clinical utility and expert consensus is a useful place to start. Questions regarding adolescent sexuality had already begun prior to

the publication of the DSM III, especially with gender variant children with a special focus on gender variant boys; these normative approaches mainly formulated how to detect and treat gender variant children (R. Green 1967; R. Green and Money 1960; 1961). With normative visions of the development of boys and girls in mind, the DSM III hastily introduced the category of Gender Identity Disorder following the studies carried out by sexologists Richard Green and John Money. In these studies we find gender variance is identified as a great risk and therefore in need of treatment (Bryant 2006).

The urgency in these studies was one of the chief reasons why just a handful of case studies was considered sufficient to draw conclusions and confidence for handling the complexity of the experience of gender. Some of the studies were carried out through discourses which claimed to determine the real of sexuality based on birth assignment and external observation that paved the way for 'behavioral modification' (Rekers 1977). Rekers proposed notions of atypical gender development and psychosocial adjustment as therapeutic treatments that aim to transform what seemed to atypical to whatever was held to be typical (Rekers 1977). The early imaginary on which the DSM III based its conceptualization of GIDC, pulled from methods such as Rekers' who "used classic reinforcement techniques to extinguish feminine behaviours and replace them with masculine ones" (Bryant 2006, 28).

The baseline for what was perceived to be atypical changed constantly, to the point that parents and teachers were drawn into the behavioral program to ensure the time "feminine boys" spent with their sisters was reduced to zero or near zero in order to eliminate feminine content. These efforts still amounted to statistical failure as the field studies did not support the assumptions proposed in the DSM III and consequently were

dropped.

These studies can be understood as a selective reification of sexuality, and more accurately of the body, by treating it as the result of some sort of mistake. And yet, the basic mismatch between how the body is experienced and how it is perceived that is presented in the nature of embodiment resists this reification. The translation of sexuality through the concretization of knowledge embedded in causal accounts of the body relieves us of the work of choice and interpretation by assuming to provide the "real" of sexuality as a self-contained phenomenon. Leader (2006) points to this basic mismatch:

> [t]he footage of a crying baby shown to an audience told it was a boy took it as transparent that 'he' was angry, yet when the baby was described as a 'she' this 'anger' became 'sadness'. What we see thus depends on our expectations and what we are taught to look for. One hundred years of history and philosophy of science and sociology have shown us that the criteria of empirical verification are never uncomplicated. (389)

This mismatch is the exact spot where the discourse of internalisation is employed so that bodily parts do the work on our behalf. This discourse verifies the concretization of knowledge and yet risks dropping subjectivity as it leans upon the readily available external imaginary.

Diagnoses that rely solely on external validation of sex organs through a recourse to the adolescent body can be read as what Jacqueline Rose (2011) calls the "return of the referent" (224). The return of the referent, for Rose, is the treatment of "the referent as a problem, not as a given" (224). As a failed category Gender Identity Disorder returns us to the fantasy of a non-dynamic body that presents us with the absolute sexual difference

which shook the clinical field. Through the categorization of gender in the context of mental illness, heteronormative categories of gender are equated with health (Corbett 1997). To that we can add that assessment of mental health is now being predicated upon the non-dynamic adolescent body.

2.6. Conclusion

The adolescent body, read through Gavin Grimm's case brings to the fore the manifold crises in clinical, political, legal, and educational frameworks. To bar the experience of adolescent sexuality within the confinements of selectively constructed operational logic provides what Gozlan (2015) calls "illusionary reassurances" (182). Illusionary reassurances are at work in the clinically revisionist efforts constructing Gender Dysphoria, the Judge's problem with the assignment of sex, and the school psychologist's view that the school is not required to do anything other than "get" a student's situation. These reassurances compel institutional frameworks to cling to fantasies of operationalism that lead to the failure of the helping professional's responsibility to formulate an ethical encounter with difference (Gozlan 2015, 182).

Educational and legal responses to Gavin Grimm's request to access the boys' washroom and clinical debates over Gender Identity Disorder elucidate the subtle—and not so subtle—flights to the objectification of the adolescent body through a non-dynamic imagination of the body. The attempt to create all-encompassing and distancing constructions of development and the body is a way of easing the tension the adolescent body underscores in the social establishments. And rather than confining the body to the realm of a non-dynamic biological entity and "degrading [its] significance as known and certain," Grimm's case refuses these confines and insists upon the gendered bodily

presence of sexuality in the world (Gozlan 2014, 4).

The impossibility of eradicating the relational tension the body creates is not foreclosed by the idealization of the body through non-dynamic constructions (Butler 2011; Dimen and Goldner 2002; Gozlan 2014). The question adolescent sexuality presents requires a relational approach (Sandlos 2010), that can enter into conversation with the complexities of sexuality rather than rushing to foreclose experience through forms of segregation. Responses to Grimm illustrate how the conflict precipitated by his request was expressed and solved through splitting and/or the negation of his experience by the school board, judge, and therapist. There is a loss in capacity for response as soon as the boundaries between adult and adolescent experiences and between sexuality and development blur into institutional mandates. Rather than let Grimm use the boys' washroom another washroom was created, reiterating the impossibility to fashion a just response to a student's request to participate fully in school life.

The inability of the school, court, clinic, and politics to hear adolescent expressions of sexuality and the body continues to trouble them. Rather than rendering Grimm's request to access to washroom as a request as integral to provision of care and development, responses of institutional care appears to recourse to another diagnosis, another prohibition, another pathology, another form of segregation and alienation from themselves and the people they hold dear. In the next chapter I explore the question of limit as it plays out in educational frameworks. Education, I argue, holds a great deal of significance for thinking about adolescent subjectivity and for the question of limit in recourses to the non-dynamic adolescent body.

Chapter 3: Who Does the Limit Belong To: Rendering the Limit Exposed by Adolescent Ideality as Educational

3.1. Introduction

This chapter begins with my brief exchange with student and is used to illustrate the central tension in my discussion on the professional recourse to the body where "the problem of the other's mind" poses a significant difficulty for education as ideality (Schacter et al. 2009, 235). Kristeva's (2007) notion of ideality refers to a developmental experience in adolescence where idealization becomes the central mode of subjectivity for the adolescent to stabilize internal drives and external demands. Expressions of ideality are often splittings between the distinctions of self and other, good and bad. Kristeva's notion of ideality is a psychosocial response to predominantly overlooked experiences of adolescence known more commonly in the impersonal, asocial, and non-relational forms of protest, eating disorders, and self-harm, Kristeva instead interprets these experiences within an interpersonal and intrapsychic network of relations.

A student's remark while assisting in teaching a course on adolescent development caught me by surprise. I was arrested by a student's claim, "this is not my favourite kind of book". The scene arrives out of many interactions with this student whom I will call "Ruvi." Ruvi was one of the most talkative students in a class in which I worked as a teaching assistant. Ruvi was clearly affected by the course as it did speak to the relevance of his day-to-day life. This particular comment of Ruvi's made me wonder if his avid participation was an effort to put the content of the course to a reality test. "I think this isn't my favourite kind of book," he claimed, in response to my request for students to share their thoughts on the lecture and the text. At first glance, it is possible to

recognize this comment as a student's familiar protest against learning, which calls upon the educator's authority.

And yet, it is difficult to understand what kind of protest this response might entail. After all, this wasn't my course; I was there to facilitate the discussion. Was his comment an integral part of the discussion? In other words, this comment made me curious as to what degree his remark had something to do with me. Ruvi's comment raised the urgent yet fundamental question of desire, a question one needs to formulate in self-other relations: 'What does the other want?' (Leader 2011). To situate, mediate and contain the emerging affect, I had formulated a response along these lines: 'The assigned text does not have to be our favourite text in order for us to have a discussion about it, and it can still be interesting.'

My answer to Ruvi's question appears to reside in the fundamental difficulty of perceiving the other's mind. In my attempts to formulate what he wants by way of defending myself against the particularity of not knowing from where the difficulty arrives, I was led to an interplay between the subjective and intersubjective qualities of the encounter coloured by the presence of a limit. The seemingly ordinary comment showed me the limit, my own and that of the students. I found myself formulating the relationship between the student, the course material, and me as a teaching assistant, in relation to questions of what it means to be a good teacher, a good student, and to be mutually engaged with the material. These questions required me to grapple with the meaning of this limit.

In the same way that Ruvi expressed the idea that the conflict of reading didn't belong to him and was the responsibility of the book itself, I didn't think the frustration

experienced by a student had anything to do with me. The classroom was animated by the course material while a subtle and defensive victimhood was quietly being maintained: I was the victim of the mismatch between the kind of book assigned for the course and the kind of student I had; Ruvi was the victim of the kind of book he was assigned and perhaps the kind of teacher he had.

My pedagogical encounter with Ruvi provides entry into analyzing the dual nature of adolescent ideality in education at the junction of a question of limits and relationality. As with a book a young person does not want to read, adolescent ideality poses a limit on education and splitting of good and bad education. Then, bad education becomes like a threat to its project to make the adolescent body conform to the dictates of the instituted education. Ideality here refers to common formations of relationality found in institutional education such as refusals, self-harm, revolt, and resistance. Ideality, as seen in these formations, is often taken as a sign of disruption in the continuity of education and adolescent development. The institution of education is bundled with the task of mediating this experience through syllabus plans, grade corridors, counseling and career services, drama courses, and self-harm policies. We have evolved standardized learning outcomes that promise continuity (DeVitis & Irwin-DeVitis 2010; McMahan and Thompson 2014; Arnett 2013). Regardless of the ways they are handled, student idealities, or the belief that there is a better educational paradise than the one on offer, disrupt the mediating dimension of education and these disruptions lead to and are already the symptoms of discontinuities.

Contemporary researchers in the field of adolescent education forefront relationality as the major factor in maintaining continuity in times of transition

(Shochet, Dadds, Ham, and Montague 2006; Whitlock 2010). Education is increasingly noted to be the most significant place affecting adolescent mental health. Shochet et al. (2006), for instance, emphasize the correlation between the sense of connectedness to school and adolescent mental health. While there is a trend that successfully links the adolescent experience to adolescent education and adolescent ideality, the ways that adolescent education is disrupted are not seen to be integral to self-other relations in institutional experience. Conflict that stems from adolescent ideality is often linked to the insistences of discontinuities that qualify the matter as a situation in which education is lost. Because adolescent ideality jeopardizes the promise of continuity in adolescent development with its power to expose the limits of education, ideality stops being posed as an educational question and is reserved instead for other logics that are connected through the non-dynamic formulations of the adolescent body. Adolescent ideality thus precipitates a dual movement: as an educational concern and simultaneously disowned as a relation of self/other concerns. We can think a wide range of symptoms of ideality in education suchlike self-harm, protest, eating disorders, violence, skipping, school failure, and defiance.

What is exposed initiates a movement that is often handled by being passed on to psychiatry, courts of law, and psychologists. The relational meaning of limit is linked to ideality in the ways it is theorized in psychosocial studies and it this link that leads me in reading my pedagogical encounter with Ruvi. I, too, was subject to the splitting of the teacher versus the student. In doing that, the relation was lost and we both had to externalize education. These theoretical discussions have remained largely limited to the

field of clinical practice—thoroughly theorized in the context of infant care, and child and adolescent development.

The chapter develops three suppositions: ideality is an intersubjective situation; the recourse to the adolescent body in education a as non-dynamic phenomenon echoes a relational conflict beginning from earlier periods of development; and, education has a unique capacity to engage with the question of the limit not as an irrelevant pedagogical situation to be reserved for clinical and legal frameworks but as an educational question and response to adolescent ideality as an relational situation. These suppositions are supported by psychosocial studies of development put forward in the works of analysts and educational theorists such as Melanie Klein (1987), Daniel Stern (1995), D.W. Winnicott (2013), Julia Kristeva (2011), Deborah Britzman (2009), and Aparna Mishra Tarc (2015).

Part one of the chapter draws on a controversy of self-harm at Northern Michigan University to identify and untangle the prevailing paradox of relationality and subjectivity in an adolescent education predicated upon the non-dynamic imaginary of the body. In particular, I discuss the prevailing response in education to what Kristeva (2011) called "adolescent ideality," which confronts education with its limits regarding the question of responsibility, care, and relationality. The response here refers to a dual movement that I explore at length throughout the chapter: when adolescent ideality exposes the limits of education, education gets dropped as quickly as it is taken up. Here, I aim to reframe the question of the limit as a significant constituent of education to reflect on its ethical and educational possibilities.

The aim of my discussion is not only to engage with the ethical and educational consequences of attempting to absorb and transmit the disowned relationality embedded in linking adolescent ideality to the non-dynamic body. I extend this inquiry further to consider the dilemma of adolescent ideality as an educational question, as a radical relationality that "link[s] the limits of practice to the complexity and uncertainty of its subjects" (Britzman 2009, 20).

3.2. Reading the paradoxical limits of the adolescent body in education

Katerina Klawes is a university student at Northern Michigan University. In the winter of 2014, while continuing her studies, she sought help at the university counselling services. Following her visit, Klawes received an email from the Associate Dean of Students, part of which read as follows:

I received a report that others are worried about your well-being. I'd like to meet with you to discuss your options for support and see what I can do to help… Our self-destructive policy is currently under review, as stated on top of the policy, so it is important that you know a couple of things [*sic*]. First, you will not be removed as a student for seeking help from the appropriate resources. You can use any of the resources listed below without worry. Second, engaging [*sic*] in any discussion of suicidal or self-destructive thoughts or actions with other students interferes with, or can hinder, their pursuit of education and community. It is important that you refrain from discussing these issues with other students and use the appropriate resources listed below. If you involve other students in suicidal or self-destructive thoughts or actions you will face disciplinary action.

My hope is that, knowing exactly what could result in discipline, you can avoid

putting yourself in that position (Beck-Coon 2016, para. 6-7).

In response to the communication sent by the Associate Dean of Students on March 25,

2014, Klawes conveys a confusion regarding the limit of engagement:

the email said that if I spoke to students about it that it would create a

distraction—which could create disciplinary action against me […] I was also

wondering if I respond to concerned people, is that enough to get me in trouble? I

do not want to worry others by not responding and I do not want to have the

possibility of getting expelled by reaching out to my friends during this

emotionally trying time and I see the possibility of misunderstanding or getting

more concerned. (Singal 2016, 1)

In reply to Klawes' inquiry the associate Dean of Students provides clarification: "You

can certainly talk about how you are doing in general and set their minds at ease. You

cannot discuss with other students suicidal or self-destructive thoughts or actions. It is a

very specific limitation" (2). Citing an article entitled "NMU policy gets personal", which

appeared in the Mining Journal, Beck-Coon reports the wider practice of communicating

the 'protocol' letter found in "the policy 3.12 in the student handbook" that refers to the

suspension of students based on the occurrence of self-destructive behavior "disruptive to

the NMU community" (The Mining Journal Nov 24. 2015, para 6). Wardell (2015)

reports that 25-30 students per semester receive warning letters.

As with the case of Grimm, the case of Klawes also reveals a limit at the heart of

the adolescent's effort to make her suffering known and recognizable in social space. The

case sparked a conversation amongst mental health professionals involved in the

controversy holding different views on whether students should be removed from campuses for sharing their 'destructive' thoughts with other students. Marie Aho, the Director of Counselling reportedly commented that while their "goal is always to insure students get the help they need [...] the policy also aims to protect friends from a potentially 'overdeveloped sense of responsibility' for the lives of classmates in danger of self-harm or suicide" (Wardell 2015, para. 30). Kevin Fisher, Michigan president of the National Alliance of Mental Health, also responded to the controversy by drawing attention to the function of sharing suicidal feelings with other students. "Communication with a friend is frequently the pivotal first step toward seeking help", he remarked ironically. "and many students may be more willing to initially share their feelings with a friend than with a school official or therapist" (Barrows 2016, para. 8).

The policy prescribing limits to what an adolescent can convey of her experience, also held implications for human rights. It is pertinent to issues of freedom of speech. The Foundation for Individual Rights in Education described the practice of removing students from university campuses as imposing an "unconstitutional gag order" (Arnold 2016, para. 15). A letter penned by this association drew on the legal implications of such a practise:

> It is an impermissible infringement on NMU students' right to speak freely on a chosen topic without fear of punishment. The First Amendment simply does not tolerate a public institution's regulation of the private conversations of peers in such a manner. (Beck-Coon 2016, para. 24)

When considered along with what I am arguing the prevalent 'containment' approach to adolescent mental health begins to hold a far greater significance. Rachel

Aviv (2014) notes in a report that the practice of removing suicidal students from university settings is widely held. "At Yale, Brown, George Washington University, Hunter College, Northwestern, and several other schools, students have protested these policies", through a variety a means. Aviv notes, "by initiating litigation, submitting complaints to the Department of Education's Office of Civil Rights, or writing columns in campus newspapers" (Aviv 2014, para. 5). The controversial nature of this debate raises a number of questions: Can one both be a student and suffer at the same time? Can education be a significant place of response to suffering students? Can education respond to the limit that adolescent ideality poses, not as its own limit that must be disowned, but rather as an educational question that can be engaged?

The controversy on expressions of adolescent self-harm outlines the dual character of education when it encounters adolescent ideality: Rather than support this young woman's experience, the institution joins the subject of authoritative psychology and remains largely within a bureaucratic logic, as a "unitary, non-contradictory subject" (Hollway e et al 2003, 128). What is at stake here is the question of the body's significance as a relational phenomena and the significance of care as an intersubjective experience. The radical relationality at work in education bears much wider significance for the question of adolescent subjectivity, beyond a descriptive engagement. As Britzman (2003) insists, instituted education is a "social imaginary" and a "social relation," and wavering between promise and crisis, education "staggers under the heavy burden of representing its own cacophony of dreams, its vulnerabilities, and its incompleteness" (9).

In the next section, I draw on the double movement of education to identify and untangle how the prevailing imposition of the subjects of psychology and law work against what is educational in adolescent suffering. Psychoanalytic practitioners have long pursued the relational aspect of the body starting from the very early years of life. This tradition has repeatedly noted the relationality lying in articulations of ideality not only to show why and how it is always a body in need and demand that takes us to the intersubjective aspect of care and ideality but also to make a case for the subjectivity of the caregiver which has long been removed from the picture of the work of care.

3.3. Limits of care in adolescent education

So far adolescent ideality poses a crisis of care that threatens education's capacity to sustain itself as a system, and that the solution we see through the dual movement of recognition and disownment allows education to identify the limit and then solve it by a privileging of the present (Cornell 1990, 117). In this movement, education gains a recursiveness that "allows for the consistency control that enables the system to function as a system" (122). The encounter with adolescent ideality precipitates this dual movement which can also be understood as an institutional attempt to be operationally closed off that comes at the cost of losing what is fundamentally educational. This conflict is embedded in the implications of ideality.

In the context of self-harm this dual movement is conspicuous. The question is simple: how should we read this self-harm? Is it an anomaly that indicates an isolated occurrence in the education of adolescents or is it a relational conflict that might potentially implicate education as integral to the conflict? My argument is the following. Treating adolescent ideality as non-relational and impersonal decontextualizes and

dehistoricizes conflict and so preempts the educational significance of the conflict. This uncoupling, I argue, is the reason why in the educational discourse on adolescent development ,adolescent ideality crops up both as a thing-in-itself and as a life preserver of significance, not for the adolescent but for institutional maintenance.

Kristeva's (2011)'s study *Incredible Need to Believe*, proposes ideality as an ordinary experience of adolescents. Ideality signals the adolescent's attempts to make sense and to regulate the tensions between external demands and internal drives. Ideality is both a defense of certainty and a wish for perfection and no conflict. Kristeva describes the adolescent as a 'believer,' thus adolescence is an intense time of finding oneself through forms of certainty embedded in the behaviours and embodied forms of subjectivity. Idealizations can come in the form of "a partner, husband or wife or a professional–political–ideological–religious ideal—an ideality" (Kristeva 2007, 720). Adolescent ideality corresponds to a continuum of behaviours and feelings that are found in ordinary refusals as well as in more alarming images of anorexia, cutting, refusal, and addiction. The adult world experiences idealities as non-conformance, a failure to complete adolescent development, a deviation from norms. "Whatever the case may be", Kristeva (2011) maintains, "adolescent ideality is necessarily demanding and in a state of crisis" as the adolescent "hovers on the verge of breakdown" (16). Adolescent ideality is widely held as an indicator of disruptions of adult-adolescent relationships, as a threat to the adult community, whether it is in the context of home or school. The hard approach to ideality taken by social establishments aims to put an end to the symptoms of ideality through demands of compliance. The turn this takes in institutional responses illustrates the relational dynamic of ideality that can be understood through the replication of

adolescent ideality in the form of institutional ideality. This occurs when the adolescent's breakdown is read as irrelevant to the social and becomes enacted in the institution as it is in the case of Klawes through both the externalizing and internalizing of the situation.

The social establishments' non-relational rendering of adolescent ideality arrives as a floating signifier because it situates the question of care in a discourse of externalisation. Recall, that I have insisted that subject formation and reformation occurs often unspeakably inside oneself showing it through symptoms such as the way Klawe's breakdown and turmoil with self showed itself through suicidal ideation. The discourse of externalisation here is cast in the present and evoked as a question for the subjectivity of the educator: As an educator I am split between not being affected by adolescent ideality and rendering ideality irrelevant.

Just as the limit posed by the other has great significance in the primary relationship between the infant and the mother, so too can this significance manifest as an ongoing tension in the context of care when we take the limit as the constituent of the question of care, not as the limit that needs to be externalized. Psychosocial suppositions of intersubjectivity in the context of care provide us a model with which to reflect on the current impasse in working with adolescent ideality.

The controversial case of self-harm wrought most commonly, but not always, from suicidal ideation, among adolescents illustrates the collapse of educational space as a transitional space. This conflict is further elaborated by translating this conflict into the terms of Kuhnian crisis. Problem solving activities, in what Kuhn calls normal science, refer to a practitioner's work of translating the problem in conversation with an exemplar that allows the practitioner to arrive at an approximation. The exemplar is an idealization

developed and shared by a discipline, an ideality that represents consensus. The crisis, by the same token, is the period when the exemplar fails to provide the function of approximation. In other words, a crisis comes about when an exemplar does not allow one to generate approximation and functions instead as an ideality that imposes itself on the problem. During the crisis the exemplar functions, for Kuhn, as an idealization that formulates the problem it solves. The exemplar, which is assigned as an approximation for similar problems, becomes a defensive structure, an external authority which is an obstacle to understanding set against perceiving the structure of the crisis.

For Kuhn (2012) the subjectivity of the practitioner is where the crisis can be pinned down as it expresses the confusion whereby what-we-wish-to-know becomes an obstacle to what-we-really-know (171). Kuhn argues that the process of deciding whether a practice functions properly or not suffers from a resistance to the perception of anomalous experience. This resistance cannot locate the problem that belongs to the practitioner and the method. The significance of resistance is foreclosed as it drifts to explanations that locate the problem as a problem of precision, therefore a matter of maladroit handling of the conflict. What belongs to the practitioner cannot be considered because the experience of responding is externalized. Consequently, because practice is based on shared conventions around the perception of anomalous experience, it can seem like one doesn't need to be concerned with response to anomalous experience. Kuhn is pointed in his insistence, going as far as to say that one's "perception of his environment must be re-educated" (112). And this is where education provides ground that both blurs the question of perception and offers an important potentiality.

Both in my encounter with Ruvi and in the self-harm debate adolescent ideality expressed as resistance to education and/or the social is what disrupts the educational vision of development that is constructed through professional convention and consensus. What ideality does is pose the limit of education's shared convention and by the same token expose the limits of the exemplar that education has employed to respond to its participants. In the case of the self-harm debate, what Klawes's situation illustrates is that self-harm nullifies the shared successful consensus of the educational institution.

In pedagogical relationships, "what we wish to know" appears both as an obstacle and as a resource for the interplay between "what-we-wish-to-know and what-we-do-know" (171). A psychosocial view of pedagogical relations and development suggests that the work of care resides in this interplay between desire and knowledge where the insistence on the subjectivity of the caregiver is integral to the picture of conflict.

3.4. Ideality in the early relations of care

Psychoanalytic writing on care holds significant insights into adolescent ideality and the limit it poses to the social. It addresses the threat both the adolescent and adult experience as an effect of development, and by posing intersubjectivity as a question of care. A large body of work theoretically rooted in the psychoanalytic orientation has documented analytic constructs related to the adolescent's situation such as the Motherhood Constellation (Stern 1995), attunement (Stern 1998), delinquency (Winnicott 2013), and object-relations. (Klein 1987; Britzman 2015). Albeit in different ways, the constructs conceptualize the question of the limit in the care of infants, children, and adolescents that we find in various bodily expressions as intimately linked to interactive

experiences (Stern 1990). Psychoanalytic writing insists on intersubjectivity as the foundation of care.

In analytic theory intersubjectivity is "a relationship of mutual recognition—a relation in which each person experiences the other as a 'like subject,' another mind who can be 'felt with' yet has a distinct, separate center of feeling and perception" (Benjamin 2017, 22). The interests of the analytic studies of Britzman (2015), Stern (1985), and Winnicott (2012b) on the significance of relationality and the questions of care and response can be traced back to earlier forms of intersubjectivity through a simple question: how do we come to know there are other people outside ourselves? Psychoanalysis has maintained that the question of care must be considered alongside the question of how we come to know other minds as separate yet similar to our own. This preoccupation with the kinship of these explorations has influenced the trajectory of second and third generation analysts. This negotiation between sameness and difference, for Winnicott, wrestles with another question: how do we maintain our minds in the presence of others?

From the very beginning, the body, which depends radically upon the interaction between the infant and the mother, is intersubjectivity. At the outset intersubjectivity creates the conditions of care and growth for both the mother and the infant, and addresses the questions of perception and representation underlying these primary interactions. The centrality of care as an intersubjective experience can be seen vividly in the pre-linguistic period of infancy when the infant's "profound immaturity is oriented by dependency, helplessness, frustration, and anxiety" (Britzman 2016, 2). The very fact of immaturity characterizes the intersubjective quality of care. It is this relationality that we

see in the infant's "fragile efforts to communicate to others a sense of dire need" (Tarc 2016, 30). "Without words", Tarc writes, relationality is imprinted in the early negotiations with the mother,

> And clinging to the mother's care, the infant is nonetheless incredibly capable of intracommunication that belies empirical determinations of human thought and language. Upon birth the infant gives a sense of her instinct to survive through her first gasps, cries, and grunts. (31)

From the very beginning care furnishes relationality and the infant's bodily sensations gain emotional value.

Britzman (2016) notes that the early experience of feeding "gives rise not only to its need for the care of others but immediately to feeling-thoughts" (2). Feeding is highly complicated for the infant to manage since what sustains the infant through continuation is subject to discontinuation. The infant's solution for dealing with the external world is through the mechanism of splitting. Why is there a need for such a solution? The answer to this question lies at the centre of the subject of care and is found in later developments of life:

> The tiny infant too experiences the force of depression: terrors of not knowing, inexplicable situations of mental annihilation, a fall into empty space, and a fear of losing a mind that, at first, cannot grasp the cusp of external reality. (Britzman 2016, 2)

In rudimentary forms, the infant creates a diverse set of representations concerning the experience of feeding because feeding depends on the breast that "conjures a phantastic mental state, which forms the basis of [the baby's] mental life" (Tarc 2016, 31). "The

infant's representations are his guide to what he expects", Stern (1995) tells us, and they

guide "how he will act, perceive, feel, and interpret in the relationship with his parents"

(79). To think of these first relations as guides is to enter a relational world where bodily

experiences are caught up with meaning. For Melanie Klein this relational experience of

care occurs simultaneously with the act of feeding. Britzman's (2016) discussion of Klein

brings us to see the world from the inside out, where, for the infant "apprehending the

external world, occurs simultaneously with creating the inner world and trying to know

relies upon unconscious psychical procedures for internalizing, identifying, splitting, and

projecting into the world of others good and bad bits and pieces of the self" (Britzman

2016, 4).

The intersubjective structure of care is as sophisticated for the caregiver as it is for

the one receiving care. It is through the importance of care that I assert a psychosocial

insistence on introducing the subjectivity of the caregiver as always implicated in the

relations of care (Benjamin 1990; 2017). Stern's (1995) work on motherhood allows us to

zoom in on the experience of care through which he shows the significance of the

caregiver's subjectivity. Care, for Stern, is intersubjective as from the start and he

suggests that the work of care creates intersubjective schemas that he refers to as the

"representational world" (18).

Stern suggests that care has tremendous impact on the self-representation of the

caregiver who creates a self that can receive, represent, and respond to the infant's needs.

Stern lists the numerous networks of change through which the subject of caregiver

rewrites so many other dimensions of the self:

The networks of schemas that undergo reworking are the mother's self as woman,

mother, wife, career-person, friend, daughter, granddaughter; her role in society;

her place in her family of origin; her legal status; herself as the person with

cardinal responsibility for the life and growth of someone else; as the possessor of

a different body; as a person "on call" 24 hours a day; as an adventurer in life, a

creator, a player in evolution's grand scheme, and so on—in short, almost every

aspect of her life. All these networks are thrown by events into the postpartum

crucible, potentially to be reforged. (Stern 1995, 24)

From these many positions Stern suggests a simple point: Being with others involves a

constellation of experiences such as fears, phantasies, and hopes that are influenced by a

network of schemes. This is to say, from the get-go, the question of what is out there,

objectifiable, measurable, and touchable is linked to representations that are themselves

linked to relationships.

Stern (1995) suggests that beginning with the birth of the baby, the mother's

experience takes on a new position which corresponds to a "new set of action tendencies,

sensibilities, fantasies, fears, and wishes," that generate a position for the profound

experience of caregiving. The constellation made from being with others creates two

parallel realities. One is the "objectifiable external world," the other is "the imaginary,

subjective, mental world of representations" (Stern 1995, 18):

There is the real baby in the mother's arms, and there is the imagined baby in her

mind. There is t the parents' experiences of current interactions with the baby but

also their fantasies, hopes, fears, dreams, memories of their own childhood,

models of parents, and prophecies for the infant's future. (18)

Basing his theories on the analytic tradition, Stern develops the question of care as made of the workings of these two parallel realities where the question of care is affected by the caregiver's and infant's representations of the relationship that take form as "reveries, preoccupations, fantasies, and projective identifications" (20).

In the complex workings of interactive experiences, Stern further emphasizes the subjective experience of being with another person: "The interactive experience can be real, lived experience, or it can be virtual, imagined (fantasized) interactive experience" (19). While the motherhood constellation brings together various relational aspects of care, Stern argues that it also wrestles with larger idealities that belong to the cultural arena. For instance, Stern notes that in societal idealities such as "the baby is supposed to be wanted, [...] culture places a high value on the maternal role, and a mother is, in part, evaluated as a person by her participation and success in the maternal role," these values form the basis for a fundamental social injunction; "it is expected that the mother will love the baby" (174). This relational matrix is found at the core of the questions of care, response, and more generally of experience. The fragility of development depends on the infant's capacity to manage external reality and the mother's reading of "infantile expressions" that are overwhelmingly bodily, forming—to borrow Tarc's (2016) term—a kind of "psychical literacy" (33).

"Psychical literacy," reading the communication between the infant and the mother, hosts misreadings, misperceptions, regressions, and misattunement because the work of care is also an emotional experience (Tarc 2016, 33). The experience of being with an other for the baby is subject to frequent fluctuations "from feeling good to feeling

bad" (Tarc 2016, 38). "These sharp fluctuations," as Tarc explains, show how the early

interactive experience of care becomes integral to subsequent readings:

> Objects, others, and the world of the infant's split mental state greatly impact on
> the mother's effort to locate the source of the infant's distress. The mother's
> "body reading" of infantile expression can become confused and confuse and is
> prone to misreading (Grumet 1988). Unable to gauge or attend to what she thinks
> the infant needs, the mother can regress into her own infancy. With the infantile
> regression, the mother also experiences splitting and unspeakable forms of grief.
> She can also mistake pleasure for pain and pain for pleasure. During this
> overwhelming, confused, perpetually in crisis activity of splitting correspondence
> between self, sensations, and object/other, the inner world is built up as the
> infant's mechanism for integrating sense is laid down. (Tarc 2016, 33)

The question of discontinuation is felt in the everyday difficulties of splitting with the

utmost urgency when we zoom in on the mother-infant relationship. The psychical

readings that forecast the promise of care with a future relationality for both infant and

caregiver brings us to the pressing question of the discourse of externalisation. Here these

literacies are undermined with the mistrust of internal discourse and the new directions it

could open in a system reliant upon the reaffirming logic of externalization.

3.5. Ideality as destructive and generative elements in adolescent education

Psychoanalysis offers the education of adolescents an exemplary account of the

caregiver's subjectivity. Britzman (2016) brings us into the provision of care as an

intersubjective experience. That is to say, the work of receiving, representing, and

responding involve relying on the self in a way that has to do with learning to read the

delegates of ideality and attending to the often emotionally disturbed, anxious, and powerless responses of refusal and revolt that split off the adolescent from their educational milieu. The inability to work with the symptoms of ideality can be observed in disturbed versions of care that are employed as responses to ideality and which appear in the form of impositions, such as forced feeding, forced silence, forced self-help or the forced-removal of students from educational spaces. These responses risk replicating the structure of ideality (Phillips 2011). Attending to symptoms of ideality as intersubjective experience translates expressions of ideality into commentaries on the larger social world.

It is not a coincidence that Kristeva (2007) suggests that the recognition of ideality is not reserved for clinical psychological practice. She writes that this internal space of radical subject reformation calls upon educators alongside intellectuals, parents, and the political sphere. But how does this occur, given that these figures are always already configured and reconfiguring in this space by the adolescence? Psychoanalysis suggests a particular involvement that Britzman describes as "affected" involvement, where the educator working with the adolescent ideality, Britzman suggests, can "recognize that the adolescent ideality has a comparable form in her or his ideality of education" (Britzman 2016, 80). In a sense we can use the adolescent's affection with figures as a way to break free from the adult sources of her suffering which is perhaps, for the adolescent, her or his most important education.

The educator's subjectivity is always present in situations of the adolescent's ideality, which has radical consequences for the provision of care. Education must lean on its own ideality of care because it serves the function of sustaining continuity for the imaginary of care; and yet, adolescent ideality is met with rigid response when it is taken

literally, as non-dynamic. In these meetings, response becomes the immanent form of the discontinuity of the educational imaginary. In the surprise of meeting Ruvi's words in my classroom presents a wish that I take care with his faltering feelings, betraying a resistance toward the social. The failure in my response to Ruvi, where I stated "the assigned text does not have to be our favourite text in order for us to have a discussion about it, and it can still be interesting," is not separate from the ideals of education that lean on the possibilities of literature and reading unexpected things with others, that a pedagogical imagination enlivens. Yet it is at this juncture of educational provision, my own subjectivity as an educator, and the ideality of the student that these possibilities for caring for each other come apart along the seam where ideality introduces a literal relation that is hard to image otherwise in the present. In the classroom, discussion continued and we continued to read the text, yet a discontinuity was introduced that treats education literally and destroys education as a "potential space" (Winnicott 2012, 55).

Can the educator's situation bear the idea of attending to the subjective experience of working with adolescents, when this care and attention has been removed from the picture of working with adolescent ideality through the discourse of externalisation? The subjectivity of the educator is not taken into account as central to working with adolescent ideality mostly because adulthood is situated developmentally as the time in which one has finished with one's adolescence. Britzman notes this as a prevalent belief in education, the belief that "only the adolescent has psychology and the teacher must manage that" (2016, 71). This ideality of education separates the adult from the adolescent, pedagogy from psychology, and teaching from learning. Remarking on the ideality in education at the heart of these arbitrary distinctions, Britzman speaks to the

problems with techniques of care that "promise successful pedagogy and imagine

psychology as a last resort to explain a student's failure" (71).

Further expressions of an absence of recognition of the educator's subjectivity, for

Britzman, is the way psychology is situated within the educational system, where the

"school psychologist" is understood as someone "there to provide an office to send the

student to for further testing" (71). "It is as if the backward glance of developmental

theory", she further emphasises, "is meant to destroy the presence of pedagogy by

bringing disruptions best left at the classroom door: the messy lives of teachers and

adolescents, the teacher's depression, the adolescent revolts needed for becoming, and the

murky underworld of intersubjectivity" (71). These suppressed revolts lurking in the

educational imaginary are "urged along" Britzman notes, "by daily routines, by the charts

of learning objectives, and by the rules of the institution" (71). Where the subjectivity of

the educator is split from the ideality of the adolescent through the discourse of

externalisation, the educational institution is also split from the affected position of those

in the proximity of care.

To approach imagination in non-dynamic images of adolescent experience only

offers a partial analysis of the problem, given the fact that the meaning of experience is

understood only in its context. Britzman suggests holding a unified view of adolescence

to engage intersubjective experience—whether in the form of writing on adolescence, or

in working with adolescents face to face—this unified view contains the three facets of

adolescence that are too often split-off or treated alone as the whole subject: "the actual

adolescent, the adolescent situation, and the adolescent as figuration in theory" (Britzman

in press). We can call this view the representational world of adolescent education. In

working with adolescents a number of factors are at stake: there is the real adolescent in

education and there is the imagined adolescent in mind that is informed by the adolescent

as a figure in contact with one's own adolescence. The adolescent as figure appears in

theory as educators are faced with the dilemmas of whether the disturbances that

adolescent ideality creates should or can be mastered, a question which for Phillips

(2011) runs the risk of succumbing to responses of "bullying and controlling." Response

thus carries a further risk of carrying with oneself "false versions of adulthood" which in

return replicate the adolescent conditions of "self-harm, drug abuse, harm of others" as

reflections of the "wish to be more powerful, more effective, more authoritative" (191-

92).

In this chapter I have explored the vital role of care through the question of

institutional, caregiver and adolescent idealities. Thus the questions that have driven this

work have insisted upon both the vitality of care and the powerful systems and emotions

that render this work so difficult. Care is the network through which I bring together the

tension between the real and the imaginary in subjectivity, development and institutional

life. I have suggested that if we borrow the representational world of the "motherhood

constellation" we can conceptualize the constellation of care and its provision (Stern

1995, 3). The response of care refers to the adolescent in care, and to the adolescent as

imagined and shaped by societal, parental, and educational expectations, fantasies, fears,

and wishes. It also refers to one's own adolescence, and our prophecies for the

adolescent's future. Care thus places us in the interplay where there is the real action of

an adolescent being cared for and there is the imagined action of that particular care.

Chapter 4: "New Guardians of Youth"

4.1. Introduction: The destruction of difference

This chapter begins with the scenes of Peter Huang's (2017) short film *5 Films about Technology*. Huang's film consists of five scenes that portray the pressing adolescent preoccupation with technology and the forms it takes in self-other relations within social establishments. The film begins with a vignette entitled "Sunday with the Girls." The atmosphere of the first scene is suffused with the worry prevalent in educational, parental, and political spaces around the adolescent's relation to technology: We see an incredible craving for virtual relationships at the cost of diminishing real life relationships. Set in a restaurant, the first scene opens with three young women in focus—each busy with their phones, not talking, and the audible sound of typing. We learn with the appearance of the waiter that they have been waiting for their orders. Their food arrives; the server places it on the table, and leaves. The forty-second long vignette closes with the teenagers taking photos of their meals and posting them to social media. The second vignette, "Sunday with Yourself," centers around two teens and their mother and opens with the son viewing the food photo posted in the previous vignette. As he browses the photos, the son is asked by his sister and mother to join them on their visit to an art gallery. He refuses: "Art Gallery? It sounds boring." The mother is quick to respond: "Playing on your phone sounds boring."

The next vignette opens in the art gallery with the Mom on her phone complaining about her son being on the phone, likely to the other parent. She speaks as she leaves the scene where her daughter appears busy with her phone: "I feel like every time I leave him alone all he does is sit there and watch pornography, he has his phone on

him all the time. I started getting anxiety every time I walk into his room. I don't think it is normal. I don't care what you did as a kid." The third vignette continues with the teenage daughter. She is in the gallery taking a selfie and in the background the word "Genocide" is written on a work of art. We learn that this selfie goes viral.

The fourth vignette "FaceTime" opens in a bathroom with a young person on his phone reading the news about the viral selfie and posting the comment "you're an idiot," before dropping his phone in the toilet. We then see him running back to his office desk. His phone is taken by an office mate and after telling the person on the line "hi, I am back," the office mate says: "Geoffrey? No, he is a dick." The last vignette, "Geoffrey," opens with a view of a lamp post and a bar entrance with the name: "Man walks into a bar." In quick progression, Geoffrey enters the scene typing on his phone, and unaware of the post he is approaching, he walks right into it.

Peter Huang's portrait of the image of the adolescent is a composition of various dissociations and withdrawals through technology. Technology is found at the centre of new formulations of adolescent subjectivity and used to signify what is new about adolescent experience. The swiping adolescent, scrolling adolescent, tapping adolescent, gaming adolescent, and browsing adolescent are some of the images that circulate in the popular imaginary comprising the picture of the 'dissociated adolescent.' Douglas Rushkoff (2016), a media theorist, describes this baffling phenomenon as a "screenager". The image of the screenager has garnered much attention. It is a cultivation of the complaints in contemporary institutions charged with adolescent care.

The reason for choosing the figure of 'the screenager' in my discussion to describe the prevalent image of adolescents' relations to technology is that it signals two

failures that Bernard Stiegler (2010) identifies in contemporary social establishments involved with the provision of adolescent care. The first failure crops up in institutions of care through the formulations of adolescent addiction, withdrawal, and inattention. This illustrates how common interpretations of arguments around adolescent subjectivity are based on the adolescent's failure to maintain associations because of the epidemic of technology. Technology, in this sense, opens to a fundamental dilemma between the individual and society.

The second form of failure refers to the institutional failure to respond to adolescent subjectivity. Bernard Stiegler (2010) pointed to this failure of care by describing a shift in contemporary institutional procedures where technology overtook the function of care and became the "new guardian of youth" (51). As "the new guardian of youth," technology often signifies an institutional failure (51). The arguments where technology signals a lack for institutions of care increasingly propose that there are various forms of dissociation in contemporary adolescent experience. By dissociation I refer to the pervasive belief that through technology there is a separation from family and educational life (but also a retreat into phantasy and interiority). For the adolescent living under the regime of this new guardianship of psychotechnology, the contemporary adolescent experience is often depicted as one where youth are viewed as being unable to converse with each other in public spaces. They are seen as dissociated and distracted from the richness of family and educational life, specifically, and social life in general. Formulations of dissociation can be found in different forms ranging from obsessions to addictions. Explorations of the adolescent experience of technology thus present a common argument: technology is what holds adolescents back from getting on with life.

With psychoanalytic and sociological ideas about self-other relations, this chapter maintains the idea that technology, as "the new malady of the soul," is first and foremost a relational phenomenon that takes us to new forms of earlier struggles of subjectivity which stream from the tensions and demands of being in proximity with others (Kristeva 1995).

Stiegler characterized these two failures as the destruction of difference. The destructive implications of these failures are spatial, temporal, developmental, and institutional. This is because these destructive collapses fold over the important space lived in the difference between public and private, biology and meaning, adolescence and adulthood, and technology and institutional care. In this chapter I use Stiegler's compelling conceptualization of the collapse of difference, not to attempt an answer for what youth deserve, but because I think there is something to be retrieved from this conceptualisation.

If psychotechnology, as "the new guardian of youth," represents a question of responsibility, the failure to provide a response of care for the adolescent hence becomes the dissociated adolescent (Stiegler 2010, 51). This link between lack of response and dissociation ties into a form of collapse that creates devastating anxiety as it generates a climate of uncertainty over what youth need. I will be suggesting that the dilemma of associated and dissociated adolescents we find in representations, receptions and responses of and to adolescent subjectivity is an expression of ambivalence in contemporary institutions that are concerned with ethical, educational, and political questions of care.

In the first part of the chapter, I work with Stiegler's scholarship on psychotechnology and the question of the care of adolescents. Stiegler's work stages the controversy around care in the drama of an unprecedented shift in adolescent development. His work is an attempt to answer the question of how technology has changed contemporary adolescent subjectivity and responses to it. In contemporary social establishments we find two distinct kinds of emphases on the adolescent's relation with technology: association and dissociation. The two distinct emphases on technology refer to an insistence that hinges on an imagination around development which strictly links the ordinary—if not always the expected development—to the adolescent's capacity to both associate and avoid dissociation. We treat dissociation and disconnection as forms of engagement that thwart development and self-other relations.

Part two of this chapter I return to these emphases through psychosocial views on association and dissociation using the works of Winnicott, and Leader, and Goffman. I draw on psychosocial suppositions to conceptualize adolescent subjectivity as the interplay between association and dissociation, and engagement and disengagement, which are all bodily experiences caught up with meaning from infancy onwards. This chapter suggests that a psychosocial approach to the image of dissociation and adolescence opens onto an overlooked aspect of the body in formulations of adolescent subjectivity, technology, and instituted care. I work with the idea that development and self-other relations—counter to the omnipresent insistence on connection, attention, and association—involve a great deal of disengagement and inattention in constituting the interplay between association and dissociation. The aim of this chapter is to re-introduce the centrality of this aspect of self-other relations to the picture of how we understand the

question of technology and care in contemporary adolescent subjectivity and the work of response.

4.2. "The new guardians of youth" and two directions in the provision of care

When technology is debated, the first and the most common emphasis characterizes the qualities of technology that impede development and self-other relations. Among parents, educators, and politicians, adolescent technology is understood to be the unprecedented saboteur of development. These concerns are voiced in the popular imaginary. A cursory analysis reveals the complexity of the issue. Case in point is the CNN opinion piece: "Is social media ruining our kids?" (Potarazu 2015) Eric Udorie also suggests "Social media is harming the mental health of teenagers. The state has to act." In the September 2017 Issue of the *Atlantic*, a Professor of Psychology, Jean M. Twenge (2017), wrote a lengthy piece entitled "Have Smartphones Destroyed a Generation?" Teachers know, Sherry Turkle (2015) writes, that "students text under their desks and take bathroom breaks to respond to messages on their phones, and now the phones are even making their way onto the playing fields" (70). Technology is understood to be the central flight from development whether it is the educational, familial, or the social context. This emphasis brings us to a persistent link between association and development. That is to say, the success of adolescent development is predicated upon their capacity to associate with others as determined by the adult community and world of work.

Contemporary scholars whose works revolve around dilemmas in adolescent experience have pointed out the centrality of technology. Debates on the adolescent's relation to technology draw on an interplay between dissociation and association. There

has been growing interest in an adolescent relation to technology characterized by the emphasis on its dissociative qualities and this has resulted in formulations around obsession, victimhood, isolation, and addiction. It is an emphasis characterised by its insistence on a decline in social engagement.

With relatively less frequency, arguments are also made for the uses of technology. These most often revolve around the mobilizing capacity of new media. We find these discussions most notably in anthropological studies, under the umbrella of digital anthropology, which has opened up traditional views on the uses of technology among adolescents to consider their social significance (Hjorth et al. 2017). An increasing number of studies maintain favourable arguments for the social dimension of technology whether in terms of personal communication or political and social engagement.

The question of youth care and psychotechnology has elicited a wide range of responses. A recent study illustrates this battle (Cohen 2016). Fifty-nine percent of parents feel their teens are addicted to their devices. Seventy-seven percent of parents share the belief that their teens are distracted by their gadgets because of their devices. It is reported by the same research that thirty-six percent of parents argue with their teens over the use of technology on a daily basis. These questions cover a wide range of competing arguments. And worries about teenagers, whether in the classroom or the bedroom, touch upon worries over dissociation.

Stiegler (2010) described these and other controversies around technology in the context of adolescence as the "battle for intelligence" (6). Psychotechnology, for Stiegler

(2010), refers to industries that range from media to social media and marketing that have direct impacts on the mind. This affecting force affects the mind, what Stiegler calls "the battle of intelligence," where the programming industries of new media are replacing—and simultaneously usurping—the meaningful functions of contemporary institutions such as family, school and cultural convention (6). As new guardians, technology appears to link directly into the lives of youth in terms of "attracting and retaining attention, in order to produce retentions" (36). We stopped educating our children, he maintains, we left them instead to their attention capturing devices. Stiegler presses us to consider how children have "become nothing more than a brain," having been "stripped not merely of critical consciousness but of consciousness itself" (43). He insists that the question of the care of youth faces a remarkable challenge in the destruction of attention. He writes that "people, having abdicated their majority without being conscious of it, 'give themselves' to these industries, or rather, the industries capture them as 'available brain time'" (38). Because the social establishments of care weren't paying attention, the argument goes, youth stopped paying attention to the world outside themselves.

Perhaps the first thing one notices upon reading through the generative work of Stiegler is the clarity with which he illustrates the anxiety around care in the circulation of the new problem with adolescence as discussed in the popular imaginary. For Stiegler, this "new guardian[ship] of youth" belongs to a shift in the larger difficulty regarding care (51). It is a shift that indicates the breakdown of faith in modern institutions and, Stiegler maintains, causes the collapse of difference between adult and adolescent, order and disorder, and development and regression.

Stiegler's accent on dissociation cuts across the institutions and subjects of care where the collapse of difference manifests. Across the systems Steigler refers to as "programming institutions"—family, education, and law—the underlying quality of care is increasingly "undermining the difference between minors and adults" (2). The collapse of difference causes pseudo-maturity through "legitimized destruction of the difference between minority and maturity" (Stiegler, 41). Stiegler brings together these new industries under the term the "attention economy" to emphasize how "DVDs, video games, MP3s, and targeted youth websites such as MySpace and Facebook" are platforms operating in conjunction. It is at this intersection where Steigler's shift towards the destruction of attention can be so clearly observed (36).

The formulation of care and psychotechnology Steigler presents is representative of new studies on contemporary adolescent subjectivity that offer nuanced profiles of association and dissociation, and hence extend the possibilities of the kinds of relationality we might find in the context of technology and adolescence. With my discussion I would like to comment on this split between the two distinct emphases to capture the complexity of maintaining the question of involvement as a meaningful way to comment on the contemporary failure of involvement that hinges on technology. Drawing on Leader and Goffman I show that the capacity for engagement is inextricably linked to the capacity for disengagement. This link becomes visible when the use of technology is linked to its psychosocial dimension. Scholarship on adolescents' uses of technology continues to omit this fundamental tension that the use of technology illustrates. Reframing technology as either obstacle to adolescent development or facilitator of development has constituted the main way of responding to pressing

questions in the instituted frameworks. More often than not, these studies run the risk of holding a simplistic view of subjectivity. These studies imply that in the past adolescents just got on with life, attributing associative and disassociative behaviors as unique to adolescents or they treat them exclusively as part of the epidemic of technology. This is not to say that there was a time where education and the social sphere were free of easily accessible flights into states of dissociation, but rather, as I intend to show, that the reason technology has proved to be a conundrum for institutions of care is because it touches on the relational tension of subjectivity.

4.3. Subjectivity as the interplay between engagement and disengagement

Goffman's (1963) discussion raises questions of learning from the intricacies of subjectivity, not by looking at the inappropriate ways that people behave in a given time and space, but instead by looking at the ways we successfully handle ourselves. In *Behaviour in Public Places* Goffman (1963) draws attention to the overlooked quality of appropriateness as a way to explicate how the prevalent focus on inappropriateness stops us from capturing the richness of ordinary behaviour. The focus on inappropriateness refers to the ways we fail to handle ourselves in relationships and it has long been established by modern institutions of care as the central way into the dynamic of human behaviour.

For Goffman, psychiatry is the institution par excellence, and he writes on this distinction in the handling of behaviour:

> To be sure one part of "collective behavior"—riots, crowds, panics—has been
> established as something to study. But the remaining part of the area, the study of
> ordinary human traffic and the patterning of ordinary social contacts, has been

little considered. It is well recognized, for instance, that mobs can suddenly

emerge from the peaceful flow of human traffic, if conditions are right. But little

concern seems to have been given to the question of what structure this peaceful

intercourse possesses when mob formation is not an issue. (4)

The nuance that Goffman develops is repeatedly illustrated in Peter Huang's (2017)

movie where the use of technology becomes the leading way to understand human

subjectivity and its relational quality. When technology is considered in the context of

addiction, obsession, and disorder, the turn to relationality is paramount. What is hard to

see through this focus for Goffman lies in the intrinsic connection developed between

appropriateness and inappropriateness within the situation so that both behaviours call us

to consider the nature of involvement allocated to occasioned activities.

For instance, attending school is an expected part of schooling. And in the same

way, it is expected of a psychotherapist to ask questions about school of an adolescent

skipping school. This type of inquiry is an example of involvement that is "intrinsically

part of the occasion" that legitimates the "occasioned activity" as appropriate (35-6).

Improper behaviour in occasioned activity takes us to the heart of self-other relations, to

the dynamic of sociability, and reveals the overt defensive form that proper behaviour

takes. Skipping school, in Goffman's words, will reveal the dynamic of skipping and in

general what schooling might mean for the individual, particularly because of the focus

on the discontinuity that the inappropriateness of skipping provides. Quite simply, we see

here the implication of being in a social establishment: attention must be given,

engagement is obligatory, and yet, so too is disengagement.

Goffman points to the underemphasized presence of disengagement that we find in expectations around proper behaviour. The example he gives is the banishment of lolling and loitering, and the ways that, at certain hours on major streets, police question certain people who "appear to be doing nothing" and ask them to "move along" (57). Along with the its enforcement, there are many ways that disengagement has gained acceptable forms: removing oneself from the work routine through smoke, coffee, and washrooms breaks demonstrates some of the ways that the "setting guarantees that the participant has not withdrawn from what he ought to be involved in" (58). For Goffman this is only one part of the story because in the prevailing picture of self-other relations our attention is only given to improper behaviour and dissociation. Goffman takes this further: the tendency to set the frame of investigation only around inappropriateness diminishes the obligatory part of disinvolvement that we find in all proper self-other relations.

Astonishingly, Goffman illustrates that the proper part of any involvement—what we can also call association—holds little significance for understanding the "occasioned activity" (36). Involvement does not equal association. Disinvolvement, on the contrary, is central to maintaining oneself successfully in self-other relations. It is not only that one needs to withdraw from involvement in the situation at hand but that through withdrawals, "the individual is required to give visible evidence that he has not wholly given himself up to this main focus of attention" (Goffman, 60). He illustrates this point by telling a story of a person who slips when trying to catch a bus:

When a man fully invests himself in running to catch a bus, or finds himself slipping on an icy pavement, he may hold his body optimistically stiff and erect,

wearing a painful little smile on his face, as if to say that he is really not much

involved in his scramble and has remained in situationally appropriate possession

of himself. (60)

To be situationally appropriate, involvement has to deal with an ongoing question of

overinvolvement, which therefore requires a certain degree of withdrawal or dissociation

from the main activity to avoid self-exposure and over-presence (52). This obligatory

withdrawal can be observed, Goffman notes, in the supply of magazines in waiting

rooms, or patrons eating alone in restaurants where involvement with food and the

experience is supplemented by reading a newspaper. Both the activities in these examples

are now replaced by our preoccupation with phones.

Defenses are organized in a more rigid manner not only within an occasioned

situation but also when one is not in the presence of others. Goffman draws on the

situation of being caught naked. Expectedly, one would hurry to maintain presentability

to bring an end to the embarrassment. Defense in sociability is organized such that, more

often than not, individuals maintain their presentability even when alone and in the

absence of any risk of shame or embarrassment. In other words, one is engrossed in the

social both with people and when alone.

Goffman's conceptualization of interaction has a number of implications for the

question of adolescent dissociation precipitated through technology and care. Initially,

dissociation through technology maintains an uncertain quality and its meaning depends

on the question of how a social establishment understands the 'engaged' adolescent. This

question brings us to the psychosocial supposition that Goffman shares with psychosocial

theories of self-other relations: what does the other want?

Adolescent subjectivity—in all the ways it manifests—belongs to self-other relations. Thus the meaning of the adolescent's bodily idioms depend on the understanding of a series of tensions at work in all social situations including one that Goffman draws particular attention to through the term "aways" (243-44). It is a term that underscores the communicative occasion of dissociation. We note that the ways prevalent accounts of adolescent dissociation revolve through technology around the formulation of "aways" refers, not to the disturbance in self-other relations that stems from the inability to maintain appropriate involvement, but rather to the failure to dissociate that is formed in ways not immediately available for the social situation (243-44). From the social situation Goffman raises the question of the nature of institutional participation:

> [In] organization[s], such as political movements, professional bodies, local communities, or families, it has proved very useful to put the question of appropriate personal attachment: in what ways is the member obliged to give himself up to the organization, and in what ways is he expected to hold himself off from it? (244)

The classical examples of "aways" such as skipping school and dropping out correspond to the anxieties over the failure of engagement (243-44). And yet, the conflict at stake is much more severe because of the "occult" nature of the adolescent's relations to technology that make the question a matter of dissociation (75). What is at risk in this conflict of relations with technology is seen in the representation, reception and responses to adolescent experience where the golden rule of "occasioned activity" has been broken (35). "In ordinary life", Goffman succinctly elaborates, "there is an expectation that all situated activity, if not obviously 'occasioned,' will have a degree of transparency, a

degree of immediate understandability, for all persons present" (76). With technology the conflict is not that the adolescent fails to maintain proper engagement, rather the problem lies in the failure to maintain a disengagement that is immediately understandable. This is what qualifies that relationship as "occult" and fractures the norms of communication that render the meetings of everyday life as occasions.

Goffman draws attention to the intrinsic link between the disturbance and the communication of self-other relations. It is expressed through a concern that masks misunderstanding. When encountering a person who forms an impression that is not readily communicated this confusion is instead expressed through the impression that this person's experience is one of "alienation from activity within the situation" (77). This quality of self-other relations is implicitly emphasised in Tamaki Saitō's (2013) work on adolescent social withdrawal as the failure to understand the adolescent point of view. While this joins with formulations that approach adolescence through the new dilemmas of technology, it does not capture the bodily dimension of technology and the bodily idiom. To consider precisely how the image of the dissociated adolescent in the popular imaginary can shift from the coordinates of derailment to capture the complexity of experience, I turn to the psychosocial anatomy of association and dissociation in self-other relations.

4.4. A Psychosocial reading of adolescent dissociation and association

In the previous section, I explored the implications of the ways the adolescent's use of technology is often framed through the implicit assumption or explicit observation that the adolescent is someone who cannot take a break from gaming or texting. This is the picture often found in efforts to understand current problems of adolescent

experience. To consider the image of the dissociated adolescent through its psychosocial dimensions suggests a new orientation that does not limit description, representation, and response to either association or dissociation, thus calling the multidimensional aspect of the image into account. The question is, how can new forms of handling the transcendence of immediacy in the relationship be extended to the new forms of social spaces?

In psychosocial theory it is not a coincidence to find the expressions associated with technology such as texting, swiping, selfies, and other addictions play out in bodily terms. These are the terms where developmental representations perceive the body as either being derailed or on track. The body is the arena of subjectivity and it always signifies relationality—the presence of another. For psychosocial theories bodily preoccupations play a key role in the continual struggle of being with others. Long before technological preoccupation can even be a part of one's experience, our bodily subjectivity presents a great deal of intersubjective tension that we then find in the adolescent's relation to technology.

Psychosocial theory situates bodily struggles at the heart of subjectivity where we find that from infancy self-other relations are subject to the tensions of being in proximity with others. Being in proximity to someone is predicated upon one's capacity to mediate experience and by removing oneself from the situation one can maintain social contact with others. In social situations this mediation is established through rituals. Association and communication are predicated upon dissociation, wherein encounters without technological purposes, Leader (2016) recalls by way of example, "we don't say 'let's meet' but 'let's meet for a coffee,' as if there always has to be something to mediate

human relations" (91-2). Being in someone's proximity involves one's capacity to deal with the demands of relationality.

Casting backwards from adulthood to the time of infancy we find this very tension where mediation overwhelmingly takes bodily form. "Our infancy," writes Britzman (2009), "is made as a relation to others" (29). This can be seen in the numerous activities of sucking, smiling, touching, soothing, and the ways babies feed, are consoled and console themselves. Relationality is mediated through the infant's body, grips, looks, and spheres of movement, which all extend from the body as the "hybrid element that includes the other within it" (Leader 2016, 27). The body signifies a sort of "cohabitation of the body" (26). Body is not the hardware for pure biological transmissions; it is always the "site of exchange" (25). Leader invites us to observe the dimension of exchange through the function of hands:

> Consider the situation. An infant is feeding, with nipple or bottle in mouth, finger perhaps in mouth as well, and yet they are simultaneously clasping or rubbing some object. How different from a simple model of biological nutrition. We see here what psychoanalysis calls "drive", defined broadly speaking as everything that is happening in this scene beyond the level of pure need. (23)

This refers to relationality from the very beginning that takes the body as a central constituent caught up with meaning. Relationality here takes us to the heart of subjectivity that plays out in bodily forms.

The scene of exchange that we can observe with each bodily activity shows how subjectivity is subject to a task of regulation. From infancy onwards, we must work to handle the tension that emanates from the discontinuous nature of care. When baby is

sucking a thumb we can observe how the tension of the young child's response to separation is dealt with through bodily activity where the thumb stands in for the discontinuity in care. Bodily sensations are the body returning to itself. Scratching, rubbing, sucking, or masturbation to "stimulate the body surface," are where subjectivity as well as the work of care, right from the beginning, mediate this bodily return (Leader 94). Psychosocial theory suggests that the bodily form of subjectivity reveals a unique relational exchange.

The newborn presents the ways bodily experience takes on the task of mediation and carries out relational transactions. In proximity of the mother, is the revolving of the infant's experience. When we look at the expressions of subjectivity in infancy we see that looking, crying, grasping, pointing, and reaching, are the central to the work of care. In the signs and interpreted from infancy's early expressions are the communications of the infant's experience. Yet too often, the question of what kind of relational work is going on here is overlooked because infants are understood to be limited to the immediacy of their surroundings, therefore thought to be lacking relational, spatial, and temporal dimensions of experience (Gopnik 2009).

The transaction that bodily subjectivity presents, gives us a different account of the subjectivity which is at the heart of discourses of association and dissociation, and which permeates accounts of the adolescent's use of technology. We can look at Leader's (2016) examination of hands where the activities of hands illustrate the struggle of mediation:

Confronted with the bodily sensations that the infant has to deal with, the hand is

a vector out. As it moves from grasping to reaching it situates its aims outside the

contours of the body. It allows a movement away. (93)

Leader suggests hands are the first way out of the question of sensation. It is for the same

reason that the psychoanalytic literature interprets various forms of preoccupation with

the body as expressions of subjectivity and care made through the caregiver's devotion to

the preoccupations of infancy, childhood and adolescence. Leader's discussion aptly

extends psychoanalytically and captures how the ways hands return to bodies in the

forms picking, scratching, plucking, scraping, or rubbing are integral to how one's

subjective experience is directed towards a relational situation.

Our return to infancy and the mother-child relationship brings us to the question

of autonomy, which is inherently linked to the question of the body. "During our first

year of life, the hand must liberate itself from its dominion by the mouth," writes Leader

(2016), "a process that the early researchers referred to as the quest for 'autonomy'" (15).

The transitional object carries out this very function. "In a space where the child and the

mother's body may be confusingly caught up with each other", Leader (2016) points out

that, "the transitional object offers a point of consistency: neither her nor me" (27).

Because subjectivity is constituted through responses to the fundamental experience of

caring and being cared for, the ways that these experiences are mediated take bodily

forms: The conflicts of subjectivity thread through bodily sensations that link to how our

bodies are handled, how needs are mediated, and how they are experienced.

There is a balancing that goes on between the mother and the baby where body,

need, and experience form a constellation of relationality where the meeting of self and

other is not seamless but finds contact in the tension of transition. Paul Verhaeghe (2014) has described this interplay as the "balance of tensions":

> The earliest stages of this process are plain: a baby cries because of its wet nappy, and, as if by magic, Mummy appears. She makes comforting noises and asks, 'Do you need a clean nappy then?' She talks to the baby in a special, high-pitched voice, and exaggerates her facial expressions. The importance of this simple interaction, repeated in a hundred different ways, is enormous. We learn what we are feeling and, more generally, who we are, by the other showing up. (9)

"The balance of tensions," is described as being: "torn between the urge to merge with and the urge to distance ourselves from the other" (10). The situation of care evolves from less complex statements such as "are you hungry?" or "Do you need clean diapers?" to more complex expressions like that of being a good boy or girl, or articulating how bad it is to bite another person, and how to feel when one toddler bites another.

The relentless activities of providing care reveal the questions of the unknown nature of bodily expressions that urge on the work of theorising situations of care—and yet, response persists as if the experience is known and expressions are understood. If we go back to the discourses of association and dissociation, what is missed in this split is the bodily struggle of subjectivity, which through splitting becomes limited to impulsivity. The emergence of the mobile phone as a form of hand technology has paved the way for the focus on the constantly available communicative function. Social commentary has targeted the ways smartphones occupy time at the dinner table, insert absent conversation in present interactions, perpetuate online debate with meaning elusive to the external world beyond the web, and distract from the immediate obstacles

and dangers of walking, driving, and doing. This is in chorus with Peter Huang's (2017) cinematic vignettes, where the social worries over the ways smartphones fail as devices designed to enable communication.

For Leader, technology in our hands is the new mediator, as it interposes in social relationships as the mediator of bodily functions. Goffman's and Leader's views on self-other relations shed light on a highly significant aspect of social contact. The ways that we come to inhabit our bodies engenders a relentless relational tension that reverberates through our mental and bodily activities as integral to all our activity in each given social situation. The increasing emphasis on adolescents' use of technology as an expression of either dissociation or association misses this central activity. It is the activity of finding a point of consistency where the tension of being in a social situation can be held concurrently with its demands without withdrawing from the social situation or being invaded by external reality.

4.5 Conclusion

The relational perspective on how we come to be with others allows us to reflect on the tendency to limit the question of adolescent dissociation through technology and to open up ways to respond to adolescents differently. This brings us back to the point of departure. Stiegler's (2010) intriguing observation that technology has become "the new guardian of youth" captures the shift towards an unprecedented preoccupation, which both emphasises the alienation of adolescents from social establishments, and conceptualizes the ways this emphasis is understood solely as a mode of dissociation from self-other relations (51). I have emphasized how disconnection and dissociation are

central activities of subjectivity which provide clues to how one deals with the question of being in the proximity of others.

In this chapter I argued there are two reasons the interplay of association and dissociation requires particular attention in the context of the adolescent's relation to technology. Accounts of association and dissociation don't engage with the relational quality of the tension in the adolescent's relation to technology and thus, this tension, as a vehicle that carries messages about the question of subjectivity created through intersubjectivity, has larger implications for the social establishments of care.

We are not only accessing the dynamics of self-other relations missing from the current emphasis on association and dissociation, we also return in search of a link to the larger question of care: In what way is the question of what the other wants implicated in the creation of these forms of association and dissociation? This is a dynamic I elaborate on in the following chapter There I explore ways of thinking about the provision of care to ask after the ways the subjectivity of the caregiver is implicated in the recourse to the adolescent body. Whether it is an educational, clinical, legal, or parental engagement with adolescent experience, explorations of the subjectivity of the caregiver enable us to consider how care animates to the question of how the body is inhabited.

Chapter 5: What should we do with the adolescent body? The madness of care between being a body and having a body

5.1. Introduction

The title of this chapter is a play on the title of Catherine Malabou's (2008) book *What Should We Do With Our Brain?* Malabou points to a new relation to the brain as a response to the question of 'what the brain is about'. This response is an emblem of the way the body prevailingly serves to explain the workings of the brain and thus is characterized by a commitment to the biologization of psychological disturbance, the discourse of exceptionality, and the political discourse of social utility.

This characterization of the social body is a response to the rigidity with which the brain is situated as an all-embracing term and central pillar in the provision of care. Malabou's revision, which moves us from the question of 'what the brain is about' to the question of 'what do we do with our brain,' points to its "definitional magma" (14). She points to how the very constitution of the brain is linked to historical disciplinary involvement and Malabou's contextualisation teases out how disciplines of thought contribute to the modalities of self that are linked to rigid conceptualizations of the brain as non-dynamic. There are consequences to focusing on 'what the brain is about' and Malabou points in particular to the consequence of subjectivity being equated with the brain. The revised question 'what should we do with the brain' disperses the rigidity that equated subjectivity to a non-dynamic conception of the brain, and yet this inquiry still recognizes the centrality of the brain in a relational context.

In this chapter I work with the guiding question 'what should we do with the adolescent body?' In the preceding chapters I have drawn on the central modes of representation, reception, and response in contemporary adolescent subjectivity. In this

chapter I aim to develop a distinction and theorize movement between the questions 'what the adolescent body is about' versus 'what should we do with the adolescent body' to untangle the literalization of the adolescent body that appears in contemporary institutional care in the form of a conceptual difference between the adolescent "as being a body" versus the adolescent "as having a body." Through this discussion I seek to sketch out some of the ways that the position of "critical detachment"—often understood to have epistemological privilege—is taken up in responding to adolescent experience, its representation, and reception (Felski 2015, 6). This position is linked to the interplay of care that I describe, working with a psychoanalytic formulation, as differing between conceptions of the adolescent 'as being a body' and 'as having a body.'

The difference between the adolescent as being a body versus the adolescent as having a body refers to the interplay between how one comes to inhabit a body and to what extent inhabiting a body is determined by relations formulated here through the psychosocial supposition that there is no given for how to inhabit a body. The question, "what the adolescent body is about," denotes the common conflation of the adolescent with being a body that signals a literalizing of the body. In this chapter I want to draw attention to a particular aspect of this literalization through what Rita Felski (2015) calls critical detachment (6).

Critical detachment conveys a particular approach to subjectivity that frames its relation to experience as "what the subject is about" by way of an assumed difference from the way it is interpreted, responded to, and represented. The literary conceptualization of critical detachment signals a position where interpretation is linked to an idea of reading for times when one is not affected by the work of interpretation. The

concept suggests an objective position for the self to be free from the affect of the experience of responding. Critical detachment is found in responses to adolescent experience linked to an ideology of internalization that positions providing care and the experience of receiving care as irrelevant to the exchange. Felski's (2015) critique of the ideality of reading as critical detachment assumes an unaffected position corresponds to the assumption that responsiveness can be freed from the experience of reading. This interplay, from the psychoanalytic perspective, articulates the difficulty of subjectivity, of how inhabiting a body is not a given, and is predicated upon the way it is approached.

With a turn to two literary figures which present us the interplay of being a body versus having a body in conversation with the dilemmas of care, I discuss the implications of considering the question of "how we read and to what end" for the ways adolescent experiences are interpreted (Felski 2015, 6). This turn will help us address the intimate link between the articulations of subjectivity for which bodily expressions become difficult for those involved in and within questions of representation, response, and reception.

The questions of the body, of subjectivity, of the struggles of being in proximity with others, and of care become particular preoccupations in the narratives of two particular literary figures: "Bartleby" in Herman Melville's (2009) famous story "Bartleby the Scrivener," and Herculine Barbin (Foucault 2010) read through her found memoir. In Melville's work, these preoccupations are powerfully depicted through Bartleby's refusal of speech, and in Herculine Barbin's memoir narrative of her experience, which in different ways depict what Borges (1999) called, in his comment on

Bartleby, "fantasies of behaviour and feeling[s]" (246). Both figures evoke powerful fantasies over their behaviours, care, and response.

My interest here in Melville's story is best illustrated in reference to Jorge Luis Borges's prologue to the short story. Borges gives a curious description of Melville's story, drawing on Kafka as an entryway into the tale of Bartleby. Kafka's work, Borges observes, "casts a curious ulterior light on 'Bartleby'" (246). He reads "Melville's story [as] defin[ing] a genre which, around 1919, Franz Kafka would reinvent and further explore: the fantasies of behaviour and feeling[s]" (246). Each character presents and illustrates the interplay between the adolescent having a body and being a body. The dilemmas in Herculine Barbin and Bartleby zoom in on different aspects of the tension between the experience of inhabiting a body and caring for a body. In Bartleby, the narrator generates responses in an effort to make sense of Bartleby's motivations and needs, and doing so portrays the experience of the provision of care. The figure of Herculine Barbin, on the other hand, presents us a depiction of the relationality in the struggle of inhabiting a body.

A move to literature through an analytic reading method allows us to engage with the juncture between the work of care and the experience of subjectivity and offers us a glimpse of the loss of the emotional world in claims of critical detachment. The duality of treating the adolescent as being a body and as having a body illustrates both why the particular formulation of the adolescent as a body becomes a plausible place for the externalization of the experience of care and why considering expressions of adolescent subjectivity in the work of care offer us a new picture of how relationality is embedded in the struggle to inhabit a body.

5.2. "I would prefer not to": the fantasies of behaviour and feeling, or the limits of reading

Herman Melville's (2009) 1853 work, "Bartleby the Scrivener" is narrated by an unnamed senior lawyer as the story of his experience in a series of events upon the recruitment of a law clerk, Bartleby. Bartleby's single mode of communication response to the lawyer's request for copy: "I would prefer not to" (12). The various responses that this communication evokes in the narrator is the subject of my discussion. The evocations that Bartleby's response elicits illustrate what I would like to emphasize as the centrality of "fantasies of behaviour and feeling" in understanding the work of care and the expressions of subjectivity when it is equated with critical detachment (Borges 1999, 246).

The narrator of "Bartleby the Scrivener" is an elderly lawyer, "a man who, from his youth upwards, has been filled with a profound conviction that the easiest way of life is the best," and he has lived in "ordinary contact with what would seem an interesting and somewhat singular set of men, of whom, as yet, nothing [..] has ever been written— [by which he] mean[s] the law copyists, or scriveners" (Melville 2009, 1). Bartleby, the strangest of copyists, is "more a man of preferences than assumption" (32). Bartleby joins a team of copyists, who go by the names, Nippers, Turkey, and Ginger Nut, "whose names have been mutually conferred to embody their characteristics" (Bollas 1974, 402). What Borges (1993, 246) describes as "the fantasy of behavior and feelings" is at work as the narrator describes Bartleby as "pallidly neat, pitiably respectable, incurably forlorn," presumed qualities which make the narrator glad for his temperament, qualities that

"might operate beneficially upon the flighty temper of Turkey, and the fiery one of Nippers" (Melville 2009, 10).

Upon his employment, Bartleby scrupulously carries out "an extraordinary quantity of writing" to an extent that he appears as someone famished for "something to copy"(11). Bartleby gorges himself on the documents with "no pause for digestion" is a noteworthy detail as the dreary work of copying in such a scrupulous way doesn't escape the narrator's attention (11). The image of careful and hardworking Bartleby is disrupted on the third day when he is summoned by the narrator in the hopes that "Bartleby might snatch it and proceed to business without the least delay" (12). In answer to the narrator's request Bartleby's iconic response enters the story: "I would prefer not to" (12).

Bartleby's first couple of utterances of "I would prefer not to" baffle the narrator, and yet his reception of these statements hovers between knowing what Bartleby is doing and not knowing how to make sense of his refusal (12). "[There] was something about Bartleby," describes the narrator, "that not only strangely disarmed me, but in a wonderful manner touched and disconcerted me" (14). As the storyline unravels the curious patience of the narrator begins to turn into a metallic urgency to get Bartleby to work. Yet the narrator's insouciance persists. He consults with the other clerks and inquires into formulating a reason for Bartleby's odd preference. With no concrete evidence to justify Bartleby's refusal, the lawyer forms another judgment: "For the most part, I regarded Bartleby and his ways. Poor fellow! thought I, he means no mischief; it is plain he intends no insolence; his aspect sufficiently evinces his eccentricities are involuntary" (16-17).

Attempts up to this point to make sense of the situation prove futile, they neither generate explanations that satisfy the lawyer, nor do they alter the situation. With no visible change or any clue as to why Bartleby continues to refuse to work, the lawyer creates another interpretation of the situation:

I became considerably reconciled to Bartleby. His steadiness, his freedom from all dissipation, his incessant industry (except when he chose to throw himself into a standing revery behind his screen), his great stillness, his unalterableness of demeanor under all circumstances, made him a valuable acquisition. (20)

On a Sunday the narrator visits his law firm and finds Bartleby in the office refusing his boss entry to the premises. While the narrator is browbeaten by the dictates of Bartleby in "order[ing] him away from his own premises," he is nonetheless attentive to Bartleby's candid refusal:

Was anything amiss going on? Nay, that was out of the question. It was not to be thought of for a moment that Bartleby was an immoral person. But what could he be doing there—copying? Nay again, whatever might be his eccentricities, Bartleby was an eminently decorous person. He would be the last man to sit down to his desk in any state approaching to nudity. Besides, it was Sunday; and there was something about Bartleby that forbade the supposition that he would by any secular occupation violate the proprieties of the day. (22)

Upon failing to gain entrance to his property, the narrator returns later to his office and enters this time "without hindrance" (22). A cursory investigation of the scene conjures up all the necessary clues for the conclusion that Bartleby "has been making his home here, keeping bachelor's hall all by himself" (22). This picture evokes powerful fantasies

of feelings and behaviour in the narrator in which Bartleby comes across as "a wreck in the mid Atlantic," as "a sort of innocent and transformed Marius brooding among the ruins of Carthage," Bartleby's body seems "laid out, among uncaring strangers, in its shivering winding-sheet" (23).

Bartleby's idiosyncratic response makes its way of influence into other clerk's responses and the story takes a turn as the narrator's first responses of "pure melancholy and sincerest pity" become "merged into fear, that pity into repulsion," and as pity failed to lead to "effectual succor," "common sense bi[d] the soul be rid of it" (24-5). The smorgasbord of evocations leads to the narrator's first solution which entails terminating Bartleby's employment. Bartleby's refusal of this decision evokes irritation in the narrator: Bartleby's "perverseness seemed ungrateful, considering the undeniable good usage and indulgence he had received" (26). Like an exasperated parent trying to persuade a child to stop refusing to eat the narrator makes another attempt: "Say now, you will help to examine papers to-morrow or next day: in short, say now, that in a day or two you will begin to be a little reasonable:—say so, Bartleby". Bartleby doesn't hesitate to push-the-button with his "mildly cadaverous reply": "At present I would prefer not to be a little reasonable" (27).

The expression, "I would prefer not to" becomes the single mode of responding to the demands of the boss, the narrator's inevitable maladroit handling of the situation leads to dismay (27). Having failed both in his attempts to expel and help Bartleby, he resorts to the solution of moving his business out of the building. And yet, Bartleby continues to stay. A new tenant takes over the building and Bartleby is forcibly removed and sent to prison where he refuses to eat or drink and consequently wastes away. The

narrator mentions a rumour he hears sometime after Bartleby's death about Bartleby working in the dead letter office in charge of cremating undeliverable mail.

The affective power of Bartleby's story can be explained through a curious situation: The figure of Bartleby has long since become an easily recognizable figure despite the fact that his unusually enigmatic response doesn't necessarily reveal anything about Bartleby's motivation. In other words, it is difficult to describe the figure of Bartleby without getting caught in speculation on the unfathomable meaning of the expression "I would prefer not too" (27). As readers, we struggle throughout the story with the question of what sense to make of Bartleby's enigmatic response as we observe the narrator's recourse to a wide range of speculations over the meaning of Bartleby's preference. The question of 'what to do with Bartleby' becomes a progressively more difficult question to sustain, a difficulty progressively replaced by explanations and theories for 'What Bartleby is about'.

This tension plays out curiously in the secondary scholarship engaging the novel. To an extent literary criticism of Bartleby can be read as an enactment of the problem that the story represents. The scholarship is animated by analysis on the meaning of Bartleby's evocative response: "I would prefer not to" (27). The literature on the meaning of Bartleby's response is vast, and is described by one critic (McCall 1989) as "The Industry of Bartleby". The figure of Bartleby has been used to illustrate the dynamic of work-life (Poore, 2013), youth revolts (Dilgen, 2012; Castronovo, 2014), in the contexts of refusing to eat (Phillips, 2001), and psychosomatic communication (Bollas 1974). The ambiguity and the impact of the declarative "I would prefer not to" perplexes the reader along with the narrator (27); this story leaves the reader in the midst of formulating the

disturbing quality of Bartleby's "occult involvement" that refers to an individual activity that is perceived to be "tasklike" and yet "not 'understandable' or 'meaningful'" (Goffman 1963, 75). This transposition is noteworthy. In the way Bartleby's refusal compels the narrator to understand, formulate, and respond to Bartleby's motivations, so too has this narrative precipitated a comparable enthusiasm, with competing arguments, in the literature concerning what the story, and primarily what Bartleby, is all about. Our reading illustrates the difficulty of 'not getting caught' in Bartleby's idiosyncratic statement, but at the same time being caught by the narrator's recurrent captivation of it.

5.3. What happens when negative inscription is not necessary

The memoir penned by Herculine Barbine provides a difference sense of entrapment that has to do with testifying to her situation and the book also includes a dossier reports and press coverage. This archive is brought to light by Michel Foucault (2010) who draws on a different series of events to assemble the story. Barbine was born on November 8, 1838 in the village of Saint Jean d'Angely, in France. Her father died soon after she was born. Her father's death resulted in a state of deprivation which led to her placement in an orphanage for girls, marking the beginning of her time in educational institutions, where she spends most of her life, first as an orphan, then as a student, and in the end as a student teacher. When we read Barbin's memoir alongside the medical documents included by Foucault we find the excruciating state of mind that Barbin experienced. She was in a "perpetual crisis that culminated in her suicide" (Butler 1990, 125). A number of confessional encounters with a doctor and a priest that lead to Barbin's forced removal from her position illustrate for us two struggles at stake. The first is Barbin's struggle to inhabit her body within social institutions seen in the way

Barbin's "sexual disposition is one of ambivalence from the outset, that h/er sexuality recapitulates the ambivalent structure of its production" (Butler 1990, 127). The second is the struggle of the social institution. As Barbin's confessional encounters precipitate institutional ambivalence, we see the institutional struggle to make sense of Barbin's sexuality that recasts the institution's understanding of its own image.

A nun working in the orphanage notices Herculine's brightness early on and she is placed at Ursuline Convent, a boarding school for girls until her First Communion in 1853. Schooling grants some room for Herculine's experience which was at odds with the milieu of her time: "a woman with masculine features, [..] tender and educated, writer and a school master" (Gozlan 2014, 35). In her schooling years Herculine forms relationships with other girls where "sexuality is atmospheric, both absent and intensely present" (35). This is also a time when Herculine is preoccupied with her sexuality and her physiology. "My condition, although it did not present any anxieties," she writes early on, "was no longer natural" (19). Near the end of her memoir Herculine describes her sexuality as "the struggle of nature against reason" (Foucault 1980, 100).

At the age of seventeen, due to her success as a scholar, Herculine was sent off to Le Chateau to study to be a teacher. Herculine experiences intense physical pain which lead to a number of encounters. At first she was met with shock by the doctor and given advice to leave the school. Next there is a confession which leads to another medical examination which resulted in the decision to terminate her job. Herculine leaves promptly for Paris for a medical surgery to mark "the true sex" of Herculine Barbin (Foucault 2010, vii). Herculine describes this decision as "finally escaping from that kind

of ridiculous inquisition of which I saw myself the object" (93). In 1868, Herculine commits suicide.

Reading her story chronologically, we find three moments in which Herculine attempts to resolve the conflict of her physiology, which becomes increasingly more difficult to bear. The first attempt takes place while Barbin is on vacation with boarding school: "This mental agony was later joined by horrible physical sufferings. They were such that I believed more than once that I had reached the end of my existence. They were nameless, intolerable pains that, I learned afterwards, constituted an imminent danger" (51). On this vacation Barbin confesses her suffering to a missionary Monk. Barbin is advised by the Monk that the safest course is to withdraw and become a nun rather than become subject to suffering sexuality wrought by physiology: "My plan was to unburden myself frankly to this unknown confessor and to await his judgment! You can imagine the astonishment, the stupefaction, that my strange confession caused him!!!" (61). The missionary monk told her she could "not keep [her] present position, which is full of danger" (62).

The second encounter takes place when Herculine's physical pain intensifies. Her suffering leads to a medical examination by a village doctor. Madame P. and the doctor who are brought this knowledge come to an agreement that the solution lies in simply burying the matter. Barbine's own speculation on the matter afterward concentrates on her surprise in the discovery and consequently on the end of her own "naivete", the adjective she uses to describe the response she received:

> [s] he was afraid of a scandal that might harm the respectability of her house and compromise her interests. Then, she had boundless trust in me. To accept the

insinuations of the doctor was to doubt her daughter at the same time, and her pride rebelled at that idea. She drove her naïveté so far as to believe that I was completely ignorant of my position … That was absurdity pushed to the last degree! ! ! I have never been able to understand how a woman of her age, of her experience, could preserve such an illusion! (70)

The third encounter takes place amidst a further intensifying of her physical suffering that leads Barbin to request to be examined by the doctor of a bishop, after a full confession. The interrogations and examination that follow result in a radical consequence: her civil status is rectified, Alexina Barbin is changed to Abel Barbin and exiled to Paris from the province where she lives. "This inevitable outcome, which I had foreseen, had even desired," writes Barbin, "terrified me now like a revolting enormity" (79). Upon the revelation of the tantalizing new identity, the town of L was in a state of shock, and here we find a reaction familiar to matters concerned with the adolescent body:

> Some people went so far as to accuse my mother of having concealed my true sex in order to save me from conscription. Others saw me as a real Don Juan, saying that I had brought shame and dishonor everywhere, and had profited brazenly from my situation in order to engage secretly in love affairs with women who had been consecrated to the Lord. I knew all that, and I was not in any way upset by it. (90)

The call to address that drives our responses to the ambiguities of self-other relations is laced with fragments of transference. We can think about Bartleby's statement "I would prefer not to" as meaning many things, just as Herculine's negation,

"I was not upset by it." What makes these responses enigmatic is that the reader is placed into the position of a helpless adult. This paradoxical relationality is what Britzman (2006) calls "the composition of fact with transference" (161). Each response the narrator creates involves a 'theory' about what Bartleby is doing each time he states his preference not to do something. To put it another way, whatever the thing may be that Bartleby prefers not to do, it cannot be thought separately from what the lawyer prefers him to do. As for Herculine, there is the negation and how it conceals her experience. Responses to both Herculine and Bartelby illustrate how projective theorizing is at stake in responses that receive, represent, and meet with experience.

Another curious quality runs across the short story and the memoir. In both situations the absence of meaning is created by the insertion of a negative. What kind of meaning can a negative inscription carry for the situation of response beyond its purely disciplinary quality? This is highly significant because the narrator in Bartleby and the people in charge of Barbin give the impression, more than anything, that they are baffled by the situations they encounter. In both cases, responses to each character follow an uncannily parental line of inquiry that aligns with what psychoanalysis calls negative inscription (Leader 2011; Freud 1952; Verhaeghe 2014). This term refers to the most basic parental activity of prohibition, which is also a fundamental activity of care at the institutional level. Negatively inscribing what it means to inhabit a body signals, simultaneously, the maddening quality of care, linked, as I show in the next section, to the collapse between conceptions of the adolescent as being a body and as having a body.

5.4. Negative inscription and the question of the limit

The responses that drive both narratives ilustrate central strands of experience in the provision of care. When we look at the ways that Barbin and Bartleby are received, represented, and responded to we find that what runs through both narratives is negative inscription. That is to say, we find that the provision of care is predicated upon what will not be tolerated in relation with the very things that allow one to be a clerk or a teacher. In sync with Bartleby's idiosyncratic refusal, the responses from his boss are filled with projections of what being a clerk is bound to do, and by the same token, lead to a gradual inscription of negativity onto Bartleby. The narrator tells Bartleby he is not supposed to do certain things and Bartleby replies instead "I would prefer not to" (Melville 2009, 27). In a number of ways, the narrator is telling Bartleby why he shouldn't do what he is already doing so that Bartleby might be allowed to keep his position. Refusing to cooperate, not doing his share of the copying, and staying at the office, are among the many expressions of negative inscription that are coded in the responses of the narrator.

There is a recurrent insistence by Bartleby's boss to formulate how Bartleby can keep his position, as the inscriptions, we are told, are "made according to common usage and common sense" (Melville 2007, 14). This process is exemplified early in the story when the narrator tries to convey the nature of negative inscription to Bartleby: "It is common usage. Every copyist is bound to help examine his copy." Bartleby's refusal is beautifully characterized as coming in "some unprecedented and violently unreasonable way," its impact is described as a consequence rather than expression of the crisis of ideality, and it is the narrator who is beginning to "stagger in his own plainest faith" (Melville 2009, 14). The sustained ineffectiveness of the negative inscription makes two

things impossible simultaneously: Bartleby is not, as we learn, able to have a professional body, and his boss is unable to keep his position as a boss.

The inscription of negativity crops up as a dilemma throughout the memoir of Herculine Barbin as well. The memoir draws on a great deal of ordinary experiences from Barbin's early years, especially the years of her adolescence at a girl's school where the ordinary experiences of growing up come in the form of bodily sensations, sexuality, and anxiety. The memoir vouchsafes a parade of bodily sensations right from the get-go: "vast courtyards with children and sick people, silent corridors disturbed by moans," kisses, touches, leanings (5). With the bodily changes of adolescence already set in, Herculine is more conscious of her own body. "My condition," Herculine narrates in her seventeenth year, "although it did not present any anxieties, was no longer natural" (19). Herculine's response is embedded with the inscription of negativity that allows her to knot her bodily experience to language. A number of changes take place simultaneously, bodily changes, educational changes, and her ways of relating to other people become infused with many forms of urgency stemming from what Herculine describes as "incredible sensation" (32).

Even prior to the medical intervention with its juridical hinge, imposing the negative inscription by which it conditioned the only way for Herculine to have a body, literally (you cannot be called Herculine, you cannot wear this, you cannot do that), we find various other forms of negative inscription on different levels. Consider some of the major events of the memoir: Sarah and Herculine were not to sleep together; Herculine was not to kiss Sara; and, the last major encounter with the Bishop can easily be imagined as a verbal imposition of the inscription of negativity.

What does the inscription of negativity entail? In psychoanalytic work, negative inscription refers to an activity that is at the centre of care relations. Growing up, or to be more precise, socialisation, is predicated upon entering into a shared reality through the symbolic order that organizes reality through the introduction of discontinuities such as divisions and contrasts. In the process of symbolisation, language introduces negativity, which simultaneously creates our worlds and at the same creates "distance from the supposed immediacy of experience" (Leader 2011, 51). The process is embedded in the experience of growing up. "We introduce discontinuities into the world", Leader explains, "where no such constructs may necessarily exist, and through this process, our reality becomes meaningful and differentiated. High/Low, Earth, Sky, or Bear/Eagle could all act as parts of a code in different cultures to convey an identical message" (51).

This activity corresponds to the basic principle of the negative inscription in speech which allows children to "become social beings" (52). As the symbolic operates gradually, reality becomes "an out-of-body experience" (52). The symbolic realm enters through the organizing function of language. "The more that the body is drained in this way", writes Leader,

> the more the world becomes liveable. Children become interested in their surroundings through equating these with bodily functions: a dripping tap can be fascinating for a child as it evokes the penis, a hole on a wall captivating because it seems like a mouth. Interest in the world can also mean terror, if the equations the child makes do not become progressively spread out and symbolized; without this, the world would just be one immense body and the hole in the wall might threaten to swallow up the child. As the symbolic does its work, elements of

> reality become transformed into systems of signs, whose value depends on the
> other parts of the system, rather than on bodily equations. If too much of the body
> is present, we cannot enter a shared social space. (52)

The construction of shared reality is linked to the way the body is received in the world. We imagine the ways the body becomes an expansive question for Herculine Barbin when, in adolescence, at each turn, her confessions and curiosities are met with silence and a terrible insistence for secrecy by the adult authorities with whom she shares her concern. The interest expressed from questions of the body cannot be "spread out and symbolized" when it is met with these refusals.

The basic and relentless parental activity of inscribing "no" functions to lay down limits to and restructurations of bodily sensations, of what parts of the body are touchable before the eyes of other people, of which or how much food is edible, etc. Leader (2011) elaborates on the inscription of negativity: "We are told what and when to eat […] when to excrete and when not to, when we can and when we can't look or listen; that we have to wear clothes to cover our bodies; that we can't touch ourselves in front of other people"(Leader 2009). The negative inscription we find running through these stories helps us to think about the ways care poses a tension between reception and inscription that is animated in the parental formulation of response.

Psychoanalysis places simple emphasis, if all goes well enough with the child's capacity to perceive the mother as a separate being, on a shift from the mother-baby unit to the subject positions of mother and baby. This change entails the transition, in the conceptualization of Melanie Klein (1987), from perceiving the mother as a part object to perceiving the mother as a whole object and without being crushed by the objectivity of

the mother. Development can be understood as knotting together language, law, and bodily sensations with an eye to timing and unobtrusive intervention to avoid premature separation. Imbued with the movements from mother-infant (invisible oneness) to mother and infant (separateness) this process allows us to have bodies, rather than be bodies (Ogden 1993, 173). Negative inscription is a way of offering the presence of the other which leads to the creation of a "potential space" as opposed to the "premature objectification (discovery of the mother as object) and internalization of the object mother," which "lead to the establishment of an omnipotent internal object-mother" (Ogden 1993, 181).

The process of the gradual inscription of negativity has implications for the caregiver. At first, 'What should we do with bodies?' appears as an urgent question for the caregiver. Thomas Ogden (1993) explains this concern as a psychological entity and compound to the extent that for Winnicott "the behaviour of the environment is part of the individual's own personal development and must therefore be included" (171-2). The complexity of care in its early form in infancy, as seen in Winnicott's work, illustrates the kernel of madness we find in the collapse between conceiving of the subject as being body or as having a body. Winnicott calls this ordinary early form of care "Primary Maternal Preoccupation," a "condition," he says, akin to an illness that signals the "experience of losing oneself in another ('feeling herself into her infant's place'), [...which] is the mother's experience of becoming a part of the mother-infant" (Winnicott 1956: 304 quoted in Ogden). The consequence of this constitutional experience a development of not "simply the study of the growth of the infantile psyche from

primitivity to maturity; it is also the study of the development of the mother-infant into a mother and infant" (Ogden 1993, 49).

In a talk given on the subject of hypochondria Darian Leader (2009) elaborates on the implications of this collapse for the enabling of the function of negative inscription:

Anna Freud was one of the first to write about how the child manages to have a bod[y]. And for her the body is first and foremost the possession of the caregiver, usually of the mother. Even twenty, thirty years later a mother can still feel an insult if their child has dirty fingernails. There is a sense of ownership or possession of the child's body which she must clean, take care of, love, keep safe all the different relations one can imagine between mother and a child which for Anna Freud it implied the child's body was first of all the possession of the mother. And at an unconscious level, the child would register that in a certain sense stay with them throughout their lives. (Leader 2009)

On one hand, it is possible to say that through negative inscriptions education, in chorus with various other institutions, presents experiences in which "the doldrums of adolescence" (Winnicott 2012c, 124) can lead to the transition from being a body to having a body. On the other hand, as Tamaki Saito (2014) underscores, in the context of adolescent social withdrawal, education also contributes to the failure of inscriptions of negativity. He calls this contribution the "disavowal of castration" (173). In the psychoanalytic framework development involves several necessary separations. Saito suggests the current educational system is contributing to the failure to allow for these developmental separations by producing pictures of development equated with omnipotence. Leader (2011) explains that the disillusionment of omnipotence is essential

to the human's capacity to make meaning, which as a process entails a double function. The process, he intimates, "introduces a negativity into our lives, establishing both meaning and limitation to meaning" (52).

The questions of adolescent suffering and care arise through the inscription of negativity. Let's recall some pervasive images associated with adolescent suffering: the truant adolescent, the rebellious adolescent, the teen parent, the homeless youth, the adolescent with an eating disorder, and the suicidal adolescent. Responses we find in the frameworks concerned with adolescent development formulate a knotting of the three fundamental aspects of the framework—language, law, and bodily sensations—where we find the frequently asked questions of the adolescent body. Education, among other institutional responses, when all goes well, ties the adolescent to the experience of having a body.

And yet, the provision of care takes a more complicated configuration when the adolescent's suffering is linked to a bodily aspect of the self. Both in the popular depiction of adolescent suffering in the media, or in the medical discourse, descriptions of the dangers of this period of life lay great emphasis on the bodily dangers, where we find negative inscriptions more vividly and vocally employed. More prevalent inscriptions tend to be over the fear of sexuality which are accompanied by numerous prohibitions that simply reduce sexuality to proper behaviour, demanding compliance with external reality, leading, as illustrated in the case of Gavin Grimm, to the constitution of a "condition of war" overlooking the questions sexuality brings to subjectivity (Britzman 2012, 102). Care embedded in negative inscription departs from care as an environmental provision in a way that risks fobbing off the adolescent of his or

her subjectivity by the act of care itself. Adolescents are mistakenly imagined as subjects that are bodies as opposed to subjects who have bodies. The story we find in the memoir of Herculine Barbin illustrates an inability to see the embodied subject beyond the imaginary of the gendered body**.**

5.5. Conclusion

In *Playing and Reality* Winnicott (2012b) remarks on the madness of care under the subject of 'confusion.' "Another source of confusion," he writes, "is the glib assumption that if mothers and fathers bring up their babies and children well there will be less trouble" (193). The collapse between conceiving of the adolescent as being a body and as having a body outlines two interrelated tensions, as Winnicott points out: the maternal madness of the mother's total dedication to her infant and the madness that comes from care where there is no separation. In the provision of care for adolescence this translates as adult madness over the bodily changes and expressions of the adolescent, in fact what has already happened to the adult, and the madness that comes from care where the adult cannot separate himself from the adolescent's situation. Holding this tension as integral to the struggles of how an adolescent comes to inhabit one's body enables one to maintain the limit encountered in the work of care as part of development. Herculine and Bartleby suggest how inhabiting a body is intrinsically linked to the responder-in-care's experience of inhabiting her or his own body.

Psychosocial theories of care suggest that the question of the body poses a serious challenge for those involved in the work of care because "the adolescent's own body so often becomes the physical site for the enactment of psychic confusion, conflict and pain" (Waddell 2002, 369). The site of enactment hosts a particular challenge that brings out

dilemmas of misunderstanding made for the adult from the distance of critical

detachment. This dilemma refers us to some of the most difficult questions of psychical

uncertainty that take us to "immediate, quasi-psychotic modes of mental functioning"

such as "the concreteness; the grandiosity; the tendency towards extreme projection, self-

preoccupation and denial; the rapid shifts between paranoid-schizoid and depressive

states of mind" (Waddell 2002, 369). The conceptual collapse of the adolescent as being

a body and the adolescent as having a body derives from the challenges that receiving,

representing, and responding to the difficulties of embodiment pose for the work of care,

which includes the need, for the one working with the adolescent, as Waddell (2002)

notes:

> to register and constantly tolerate considerable, and appropriate anxiety, for the
>
> dangers are often alarmingly and realistically high: is this young person going to
>
> commit suicide? Is he/she heading for a psychotic breakdown? Is this victim of
>
> abuse about to become an abuser him/herself? Am I seeing psychotic processes or
>
> an extreme version of 'ordinary' adolescence? – and so on. (369)

Critical detachment constructed through the recourse to non-dynamic conceptions of the

adolescent body is a prevalent way of coping with the anxiety-provoking work of

maintaining a view of development where development is necessarily ridden with

conflict.

Chapter 6: From a Dissociative Position to a Relational Practicality

6.1. Introduction

In 1961, Winnicott (2017) gave a lecture to the senior staff in a London County Council for Children's Development. His opening statement, which points to the dangers of equating adolescence with a problem that must be gotten rid of, remains true today:

> There is at this present time a worldwide interest in adolescence and the problems of the adolescent. In almost all countries there are adolescent groups that make themselves evident in some way or other. Many studies of this phase of development are being made, and there has arisen a new literature, either of autobiography written by the young, or of novels that deal with the lives of teenage boys and girls. (187)

Winnicott's (1963/2012) revised version of "Struggling Through the Doldrums" included a question which he quickly resolved, adding an enigmatic response. The question poses a dilemma which I believe is far more interesting than it first appears and which is worth returning to here: "We may as well first ask ourselves, do adolescent boys and girls wish to be understood? I think the answer is no. In fact, adults should hide among themselves what they come to understand of adolescence" (145). In a certain way, this dissertation has shown why Winnicott's warning may point to a new way of thinking relationally.

Thoughts about adolescence do reference the conditions of our time, the primary one being the ascendency of medical, legal, and pedagogical frames. The context for which Winnicott's formulation of the adult community's failure to understand adolescent experience comments on how adolescent experience was conflated with responses to adolescents. "Public irritation with the phenomenon of adolescence," Winnicott

(1961/2017) wrote, "can easily be evoked by cheap journalism and public pronouncements of persons in key positions, with adolescence referred to as a problem" 188). Winnicott warned that the overlooked dimension of care is the dimension of the process that "cannot be hurried up, though indeed it can be broken into and destroyed by clumsy handling; or it can wither up from within when there is psychiatric illness in the individual" (188).

In this dissertation I highlighted a similar tension that contemporary social establishments enact in terms of offering dissociative responses to adolescent experience through the adolescent body. The responses are dissociative in two ways: as discourse that either externalizes or internalizes the adolescent body. Externalizing discourse isolates the adolescent's experience from the social situation they are in. Internalizing discourse presents an imagination wherein the adolescent experience localises the conflict within an asocial adolescent body.

The discourse of internalization refers to the prevalent ways of localising the sorrows and stresses of adolescent experience onto conceptions of non-dynamic body parts unhinged from relationality. The discourse of internalization overwhelmingly hinges on discussions of the brain, hormones, and genetic determinants which are rendered particularly asocial. It is a striking quality to see the adolescent body rendered as something akin to a piece of hardware. As we saw in the cases of kids with severe social withdrawal and the case of the transgender adolescent, when adolescent experience is not immediately accessible to the frameworks in the work of provision of care, radical drifts through the discourses of externalization or internalization are provided as reassurance.

In the case of externalization, we find an automatic discourse of detachment: 'I am here to help you, you are not affecting me.' Providing care, in other words, is treated as an objective position but the adolescent is not. Externalization has to do with the caregiver's authority, standing, and professional knowledge. Insofar as the adolescent's suffering is conceived through a non-dynamic adolescent body, the adolescent appears as a placeholder. In the discourse of externalization, adolescent conflict has to do with nothing other than will, motivation, refusal, cognitive deficit, or maladjustment.

Contrary to the prevalent splitting between externalisation and internalisation, psychosocial reasoning presents an alternative by looking at the question of the body through relationality in representations, reception, and responses to adolescent experience. Going back to Winnicott's remarks on the conflation between what the adolescent is and what we think the adolescent is brings us back to a basic mismatch between the question of the origin of the body and what we think of the body as being integral to the question of the provision of adolescent care.

This constitutive mismatch is present from the earliest relations between infants and mothers. "Although a wide range of the baby's activities and reactions can be tracked and monitored", Corfield and Leader (2008) note in their exploration of this fundamental mismatch, "can we ever really know for sure what the baby is feeling, even if certain broad categories like 'distress' or 'contentment' seem obvious?" (168). Psychosocial theories suggest that even before birth the body gains a communicative quality as even in the womb there is a relation caught up with meaning. Each bodily sign joins the caregiver's struggle to make meaning. Most conspicuously in infancy, the fascinating communicative quality of bodily distress can be seen in how adults respond to the baby's

distress without certainty of the meaning of the infant's feelings and yet with the obligation to respond to the child as if they know in advance what is being asked for.

The defense of externalization enables an automated system of response wherein the provision of care is imagined to be one that "run[s] on a schedule that has nothing to do with the child but with a system of rules established by the parent or some published advice" (Corfield and Leader 2008, 169). What is missed when care is formulated through adequations of externalization, for psychosocial theories, is that externalization obliterates the interpersonal communicative quality of care. As Corfield and Leader note, this permeates responses of care as an idealization of the omnipotent position of the provision of care, which "blocks the idea that the infant's bodily and mental states can affect other people" (169-70).

The professional recourses to these splittings captured my attention for their resemblance with an earlier crisis in the early studies of the mother-infant relationship. The 1950s studies on childhood and adolescence were characterized by a central emphasis on the quality of the relationship between mother and children. In the studies that proliferated in the post-war era a large body of research documented the importance of relationality for development. John Bowlby (2012a, 2012b), D.W. Winnicott (2012), Harry Harlow (1958), Anna Freud (2015), Edward Glover (1945), and René Spitz (1983), among others, documented implications of relationality embedded in the bodily expressions of infancy, childhood, and adolescence that had received much less attention prior to the 1950s.

At this time, studies on childhood and adolescence, not dissimilar to the crisis of today, were subject to the question of how they might be established as legitimate in

relation to the existing body of studies that were deemed scientific. The work that shaped the public imagination over the questions of care, separation, and parenting were mostly led by psychoanalytically informed orientations. Notably D.W. Winnicott (1994; 2012a), John Bowlby (2012a; 2012b), René Spitz (1983), and Dorothy Burlingham and Anna Freud (1954; 1943/2005) were some of the major figures involved in the transformation of the public imaginary around the ways in which development hinges on relationality.

The figure of Bowlby is crucial in staging the conflict regarding relationality as he belonged to the generation of psychotherapists whose work aimed to establish psychoanalysis in the post-war era scientific community (Shapira 2013). Bowlby's work after the war was particularly significant for its persuasive claims over the dire consequences of separation. For Bowlby "maternal care in early life is as essential for mental health as is correct feeding for physical well-being" (The Times 15 May 1951, 5). But also, Bowlby was of the opinion that current literature in clinical psychology lacked the scientific status to support the observations he made in his work.

The crisis of legitimacy experienced by research on infant-mother relationality was solved either through animal research directly or in reference to animal research. Bowlby was drawn to animal research to prove what he thought the psychologists of the milieu failed to observe: to understand the child-and-mother relationship in its own right without it being spoiled by the projections of human interpretation. Notably, Harry Harlow's (1958) study of "The nature of Love" was the example par-excellence that quickly became significant for many theories on the child-mother relationship for its audacity in showing the sheer consequences of separation for infant monkeys.

The discourse of externalization was in motion. The studies of Harlow and Lorenz that published claims about newly hatched goslings and infant monkeys provided Bowlby with a scientific base that functioned as a stabilizer for what he observed in his work with infants. This allowed him to draw significant and confident conclusions in his work carried out with children who experienced intense mental pain, misery, frustration, and refusals due to the separation of bereavement (Ezquerro 2016). From his dissatisfaction with the clinical psychological literature of his time Bowlby turned to the works of ethnologists and made use of their concepts (Bowlby 1958). The question is: What does it mean to make a case for the significance of relationality in infants' and children's responses to separations by leaning upon experiments that provide reassurance generated by the illustration of physiology carried out on animals who clearly lack the verbal communicative function? What does it mean to draw from these studies that use something other than descriptive methods to describe the relation between mother and infant?

The discourses of externalization and internalization through asocial descriptions of biological aspects of the adolescent body illustrate a similar attempt to solve the question of uncertainty embedded in human psychology and relationality. Whether it is brain activity, genetic background, or hormonal imbalance, each description prevents involvement with the question of relationality that the provision of care requires. In term of its physiological aspect, the body is a part of the question of care. And yet the question of recourses to the adolescent body as made as by "hypotheses concerning the body's physiological mechanisms" is still an unrecognized line of inquiry (Corfield and Leader 2008, 170).

How we imagine the provision of adolescent care has implications for how care is provided. The drift into the medical approach as the chief way of understanding, identifying, and responding to adolescent experience, as I maintained in the chapter two, does not stem from some recent discovery or one that provides a biological marker "useful in identifying any psychiatric disorder" (Vanheule 2017, 3). The impasse in the case of Gavin Grimm and the child with severe withdrawal illustrate a shift in the discourse from the biological determinism that exemplifies the discourse of internalization to a discourse of human rights that does not only gesture towards a new kind of relationality but also signals the power of a relational adolescent body which, in return, points to the potential for change in the imaginary of the helping professions.

My engagement with psychosocial case reasoning developed a reading practice to illustrate a new kind of relationality in adolescent development with the intention of constructing a psycho-social theory of the adolescent body. Psychosocial theories of the adolescent body offer an exemplary mode for understanding adolescent experience where the body occupies a relational place. The psychosocial turn through case reasoning with its emphasis on desire, transference, and relationality counters the adult splitting of the discourses of externalization and internalization alongside adolescent experience.

My critique of epidemiological approaches thus opens an inquiry into the cultural risks made from receiving, representing, and responding to the adolescent. I suggest we are in need of a psychosocial turn that could maintain thinking on the constellation of the adolescent as a real person, a figure, and a relation (Britzman in press). Psychosocial reasoning allows us to engage with the relational dynamic of experience "by an affective, political, and ethical 'transference'" and thus address the contested phenomenon of

critical detachment, which recurrently positions the difficulties of adolescence as separate from the adult world and as, a supposed solution hinging upon the non-relational imaginary around the adolescent body (Kristeva 2011, 24).

This dissertation is an attempt to think in that direction. By looking at the reasoning of major trends in receiving, representing, and responding to adolescent subjectivity, I work to extend the exploration of what holds us back in contemporary settings concerned with adolescent experience. As I have shown, compartmentalisation is increasingly used in the best interests of adolescents to maintain an untenable social reality. I argue, joining Britzman (in press), that conceptualizations of crisis at the level of the adolescent as a figure and as a real person proffer a paradox through which we are able to engage with the dynamic of 'disruptions' in the structure of response in ways that are sustaining for both the work of care and that of holding together a range of professional communities concerned with adolescent development.

6.2. The psychosocial body: A return to relational formulations of the body

In this dissertation I offer a psychosocial view of the body, which acknowledges the question of the body as a stumbling block for those involved in the provision of care. t A psychosocial view of the body argues that the sorrows and stresses of adolescent subjectivity involve a multi-faceted approach which cannot be reduced either to a discourse of externalization through an imaginary of the unaffected, omnipotent responder or to a discourse of internalization through an asocial imaginary of the adolescent body.

While we might envision the body's part of the developmental process as the purely machine-like automaton, enabling discourses of both internalization and

externalization, the work of providing care is still subject to the intersubjectivity of the adolescent and the situation of response. If we choose the brain, for example, to name the bodily process in the genesis of an illness, we still find a relational biology that is affected by changes by development, experience, or injury (Malabou 2012). Subjectivity, Malabou maintains, is commonly rendered purely as a machine—the brain, which is marked by the particularity of "individual experience, skills, and life habits, by the power of impression of existence in general" (Malabou 2008, 7).

Development hinges on the fact of dependency and protracted immaturity is the hallmark of subjective development. The process through which a subject comes to inhabit a body, therefore, always refers to another body. To play on Winnicott's well-known whimsical statement 'there is no such thing as an infant', we could say that 'there is no such thing as a body,' there are always two bodies. From the moment of its conception the body becomes entangled with another body and has the task of becoming a self. This intersubjective bodily subjectivity imposes relational questions on the conditions of self-other relations. From feeding in infancy and childhood, to the questions of self-harm in adolescence, developmental experiences are predominantly marked by intersubjective dimensions (Edmondson, Brennan and House 2016).

The non-dynamic formulations of the body enable an imaginary which is relatively exempt from the uncertainties of subjectivity. The question of the provision of adolescent care is disturbed by the relational rendering of adolescent experience as it triggers the experience of losing control. Psychosocial case reasoning, in this sense, insists upon the question of the limit as integral to the provision of care in social establishments. Britzman (2009) notes:

If we speak of development as a progression from immaturity to maturity, as a unifying property of the individual, and thus as capable of expression without conflict, we are apt to miss the fact of development as our human condition. We are likely to forget that all of us are subject to the radical uncertainty of being with others in common and uncommon history and that this being with other beings makes development uneven and uncertain. If we forget that development takes its own novel time, we are likely to become impatient with ourselves and with others. Yet development, too, carries its own traces of antidevelopment, areas of irresolvable conflict—incompleteness—that return as if it did not belong to itself, and to qualities of retroactive time that not only defer its meaning but provide the self with its new understandings of old events. (27)

As Britzman points out, the idea of development is laced with the difficulty of holding a unitary view of its events, where conflict, regression, imperfection, and linearity are imagined to be irrelevant to the experience of development. This tendency for views of adolescence to drift towards fragmentation and disunity bears on the relational paradoxes that the doldrums of the adolescent bring to institutional settings. The view of development divorced from the complexity of both the experience of development and the work of provision will inevitably lead to the idea that adolescents are simply the possessors of a psychology and the task of development and that it is the adults involved in the provision of care who are in charge of managing the psychology and its developments (Britzman 2012).

At this point I can identify two ongoing dilemmas for those who work with adolescents. The first has t do with the dilemma of care and the question what is it that

can be cared for? The issue is that we care for the relation. In the recourses to the

adolescent body, the adult response has the challenge of sustaining a picture of conflict in

which human subjectivity is always laced with the intersubjective dynamic of the body.

Adults will be affected. In her brilliant work "The Role of Bodily Illness in the Mental

Life of Children" Anna Freud (1952) made a significant observation regarding

intersubjectivity linking the concerns of the ordinary experience of parenting and of being

parented. Alayne Yates (1991) elaborates on Freud's observation:

> [i]n the youngster's mind, his body belongs to his parents (usually to the mother)
>
> until early in adolescence. This means that children assume that their parents
>
> "own" their body and are responsible for its health and hygiene. She notes that
>
> they do with their body as they please: eating with dirty hands, stuffing
>
> themselves with the wrong foods, forgetting to change into pyjamas or brush their
>
> teeth, and so forth. Those children who wash their hands before eating (without
>
> being told) are uncommonly obsessional. Even when children are involved in
>
> activities away from the home, they continue to use the parent as their point of
>
> reference and they assume that the parent is responsible for their care. Even when
>
> they seem to be independent, their body remains in the parent's domain. (173)

As Yates indicated, the body from infancy onwards becomes the site of transactions. In

development the ways that the body is situated in one's life indicates significant

relational information as the body gradually becomes a more ambivalent site of exchange

for the subject insofar as development itself involves a conflict between "needing the

parent and the pressure to become more independent" (174). It is this conflict between

dependency and independency that the body represents in the common experiences of

eating disorders and self-harm where the body becomes the chief site for expressing

subjectivity.

The second dilemma is with the concept of the limit as a problem for the

provision of care. This is an old dilemma and it draws from the mother infant dyad that

must signify the gap between what is going on with the infant and what the mother needs

to do. While clearly there are actual actions there is also the mother's imagination. What

sustains that relationship is the ever present fantasy of care which is a hallmark of that

relationship and involves a great deal of belief in development. Leader and Corfield

(2008) delve into this belief:

> If, for example, jiggling a feeding baby produces a temporary halt in sucking, and
>
> stopping jiggling generates a burst of sucking, we might be observing a rhythm,
>
> but does this have the dignity of human dialogue? But the key here is precisely
>
> the fact that, even if these cycles are not a dialogue, the mother behaves as if they
>
> are. It is this belief that will help introduce the infant into the world of human
>
> interaction and, later, verbal dialogue. It will be an essential condition of human
>
> subjectivity. (169)

Here, my shift to belief is meant to go beyond Kristeva's syndrome of ideality to her

discussion on the "psychological profile of a question"(Kristeva 1995, 88). In her study

on the profile of a question, Kristeva describes a psychosocial position which she

describes as the "questioning and questioned subjects" as opposed to "subjects-presumed

to know" (89):

> Though analytic interpretation adopts neither the melodic patterns nor the
>
> syntactic features of a question, *it adopts the psychological profile of a question.* I

think I know something, but I give up and allow you to speak. You are the one

who must know, speak lie, think. By giving a name to that which cannot be

formulated, I put it into question. I make an affect into a question, I elevate

sensation to the understanding of a sign; I introduce a secret trauma into an

allocution. By formulating a question for the analyst, sensations or affects that are

impossible to formulate can make sense to the patient. They can be articulated,

displaced, or developed. Analytic name-giving is not a definition, for it is content

to repudiate the repudiatio[n]. (89)

These methodological and theoretical dilemmas have profound implications for a new

reading of the adolescent as the adolescent appears as a figure in the literature, as a

person who lives and suffers in institutional frameworks, and as capable of thinking

differently about the adolescent situations found in institutional frameworks. My

discussion grapples with this moment of institutional development where the handling of

adolescent experience has been entangled with debates over the adolescent's own

transitions.

A psychosocial approach turns to the vacillations in adult-adolescent relationships

and sees a dilemma for thought over and above mastering the meaning of adolescent

development and the tantalizing promises of cures and developmental achievement. Such

a turn distinguishes influence from imposition, anticipation from retrospection, and

efficacy from the literalization of symptoms. This claim echoes Britzman's (2003)

argument that the conflict experienced in clinical practise over the question of how

adolescent suffering is being imagined can be found in practice within a larger scope of

questions that are left unthought. Ideas about the nature of conflict and adolescent

experience are indissociable from the construction of predictions made from the "strangely singular encounter of the analytic session, meandering through the transference and countertransference" (46).

Psychoanalysis envisions adolescence as inseparable from childhood and adulthood and thus treats adolescent problems as inextricable from those of adults. An area of interest includes wondering more about how impositions of facts made from the questions of fantasy and frustration cling to certainty and shelter behaviourism. Moreover, given that psychoanalysis links the fear of being influenced to ideality, its approach begins from the felt anxieties that emanate from uncertainty.

Those working with adolescents and those who are adolescents themselves both feel experience as disruptive. Given this radical relationality, here thought through the transference and counter-transference within a framework of case reasoning, professional provisions have to rethink the affected grounds of their prescriptions. The psychosocial turn through case reasoning suggests that the difficulty of working with and responding to the disturbance in adolescence requires a shift in thinking about transition, transformation, and development not yet unhinged from the phantasies embedded and persistent within institutional frameworks. Attention to the emotional situation of adolescence offers a means of sustaining the paradox of suffering in order not to foreclose the questions that symptoms present and render inarticulate. That is, we can think about adolescent experience as an enigmatic signifier imbued with conscious and unconscious expressions that resist being reduced in order to be understood.

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