

---

# Psychoanalytic Crisis Work with Adolescents

---

An Independent Approach

Edited by Maria Papadima,  
Rachel Acheson, and Nikolaos Tzikas

First published 2026

ISBN: 978-1-032-97225-1 (hbk)

ISBN: 978-1-032-97223-7 (pbk)

ISBN: 978-1-003-59277-8 (ebk)

Chapter 3

## **‘Too late for me’**

The adolescent mental health crisis in time

*Jocelyn Catty*

(CC-BY 4.0)

DOI: 10.4324/9781003592778-5

This work was supported by Wellcome [205400]. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.



**Routledge**  
Taylor & Francis Group  
LONDON AND NEW YORK

# ‘Too late for me’

## The adolescent mental health crisis in time

*Jocelyn Catty*

---

### Introduction

The day before Layla, aged 13, was due to meet her psychotherapist for the first time, she took a significant overdose; frightened, she told her mother and was admitted to hospital. She later told her therapist, ‘I think this therapy is too late for me’.

What might lead a young person of 13, from a generation popularly described as having ‘their whole future ahead of them’, to wish to throw that future away? In this chapter, I shall use psychoanalytic conceptions of time, along with the scholarship of an interdisciplinary study of time and waiting, to explore ideas about the adolescent mental health crisis, particularly as expressed in suicidal wishes and acts: acts that threaten to stop time. I shall argue that adolescence itself may be regarded as a crisis of time, and that to highlight its temporal dimensions may illuminate aspects of the adolescent suicidal mental health crisis.

In thinking about adolescence in time, I draw on the Waiting Times project (<https://waitingtimes.exeter.ac.uk/>), an interdisciplinary psychoanalytic and psychosocial study of time and care which focuses on waiting in and for healthcare and explores ‘the value of waiting, even in the face of anxiety, urgency and political pressure’ (Catty, 2023). The study foregrounds the waiting that is intrinsic to care and that may increasingly be lost or overshadowed as waiting *for* treatment becomes the defining experience of the modern National Health Service (NHS):

Waiting is intrinsic to care. It is there in the extended time needed for therapy or therapeutics to work; in the watchful waiting before or after diagnosis; and in the time that stretches through remission, relapse, or palliative care.

(Salisbury et al., 2023)

Temporal models that derive from Greek mythology help shape our understanding of the different functions and meanings of time, particularly in European cultures.

The three Greek gods *Chronos*, *Kairos*, and *Aion* represent fundamentally different models of time: Chronos, the time that progresses in linear fashion, time that can be counted; Kairos, the events that punctuate time, milestones, life events, or crises, including the opportune moment; and Aion, the epoch, the time of trends and cycles, of the unconscious and dreams. Consideration of Aion may also illuminate the specific pressures that predominate at a particular point – for instance, those exerted on adolescence in the present day.

In considering how today's young people may find themselves in a particular relationship to time, I shall focus on the idea of *too-lateness* encapsulated in the utterance of 'Layla' (who, like other young people described in this chapter, is a composite case derived from a range of clinical experiences) and other young people struggling with their relationship to the world, time, and help. I shall consider whether too-lateness may be seen as a distortion of *afterwardsness* (*Nachträglichkeit*) operating in young people trapped between a traumatic past and the fantasy of a bleak future, and I shall consider different uses of the time of psychoanalytic psychotherapy to help them.

### **Psychoanalytic time**

To understand how adolescence itself might be seen as a crisis of time, it is helpful to consider, albeit briefly, psychoanalytic views of the importance of time in psychic development, along with the foregrounding of time in key psychoanalytic concepts. Understanding the distinctions between Chronos (linear time), Kairos (milestone time), and Aion (cyclic time) is useful here because of the ways in which the psychoanalytic literature interweaves models built on Chronos, linear or developmental time, and those built on Kairos, the time of the milestone, the transformative event, or the crisis. Psychoanalytic theory, in fact, is replete with models of time:

Development, fixation, regression, repression, the return of the repressed, the timelessness of the unconscious, and *Nachträglichkeit* are some of the axes that permeate Freud's writings, in his discovery of a temporality that is truly psychoanalytical, and does not follow traditional, linear sequences of chronological time.

(Perelberg, 2007a, p. xiii)

Rosine Josef Perelberg argues that 'dreams enabled Freud to discover a dismembered temporality, . . . and the timelessness of the unconscious' (Perelberg, 2007a, p. xiv). But Freud's discovery of the 'compulsion to repeat' (Freud, 1914) brought a 'paradigmatic shift', emphasising a network of concepts including trauma and infantile sexuality (Perelberg, 2007b, p. 1,475). If the unconscious is timeless, this involves less a suspension of time but, rather, a freedom from linear development that renders the past always present, imbuing conscious experience with powerful fantasies of the past and the future. The unconscious is thus characterised by 'the

insistent rhythms of repeating, remembering and working through' (Baraitser, 2022, p. 382), and by a 'temporality that does not temporalize' (Kristeva, 2003, p. 31). In this psychoanalytic conception of time, time cannot simply be smoothly put behind us.

André Green argues that the superego has a particular function as 'an orientator of time' (2007, p. 18). Time becomes 'a logical structure in the human mind' (Kohon, 2007, p. 106) that is an essential prerequisite for the move to the depressive position (Bell, 2007, p. 81) and in which 'memory, though it contains fracture and loss, defines the relationship between past, present, and future' (Bell, 2007, p. 122). Andrea Sabbadini argues that the subjective sense of time is crucially connected to the development and maintenance of identity (1989, p. 475). He suggests that the child 'has to discover time, its presence, its absence, its duration':

But the child has also to invent time, to construe it in his own peculiar way . . . as he becomes capable of reflecting upon himself as a separate person with his own individual history and his own individual destiny.

(p. 479)

This description illustrates the interplay of Chronos (linear time) and Kairos (milestone time). Sabbadini's child progresses along a developmental axis, a chronology, but in the process, he *invents*, *discovers*, and *construes* time as he starts to experience fantasies of present, past, and future with a non-linear fluidity: fantasies that may be observed clinically and in everyday life in the satisfaction many children take in charts that mark the progress of time and their own activities, orienting them in time.

That developmental time is multiply layered is conveyed in the psychoanalytic child psychotherapy literature. Susanne Maiello has drawn attention to the ability of the foetus to perceive its mother's voice from four months' gestation, and her heartbeat from even earlier (1995, p. 26); against the sustaining rhythm of the maternal heartbeat, the mother's voice, coming and going, provides a 'prenatal precursor' to the breast: a 'sound object' that introduces the foetus to a proto-experience of separation (p. 28). This links with developmental psychology research into 'primary intersubjectivity' and the mutual regulation of feeling between mother and infant through sound (Trevarthen & Aitken, 2001, p. 5), which is regarded as central to the infant developing a sense of duration and 'going on being' (Shulman, 2019). The significance of sound and rhythm in early life has also been emphasised in the literatures on 'communicative musicality' (Malloch & Trevarthen, 2009) and neuroscience (McGilchrist, 2009).

Anne Alvarez (1992) has broadened the understanding of the significance of time and rhythm to consider the ways in which the rhythmic patterns and structures of an infant's life – the 'rhythm of life' (p. 28) – bound by feeding and sleeping, help institute a sense of time. This is consistent with Bion's idea that 'an infant acquires the concept of time from the experience of the primary relationship' (Civitarese, 2019, p. 198). A child's development of a sense of time is thus regarded as central to his or her psychological health, with adopted and 'looked-after' children, and

those who have suffered early trauma, found to have a ‘confused sense of past, present, and future’ (Canham, 1999, p. 160), to the extent that they often find it hard to ‘tell the time’.

Cutting across this developmental narrative driven by the ‘arrow of time’ (Rose, 2007, p. 44), key psychoanalytic concepts bring the layers of time together. The repetition compulsion (Freud, 1914) keeps the past continuously present, as does the transference in both clinical and everyday life. Heinz Weiss (2020) indeed describes the repetition compulsion as ‘a hidden, embedded activity, which operates against the acknowledgement of time’ (p. 1,179). Baraitser describes how *Nachträglichkeit* emerged in Freud’s thinking (Freud, 1895) after the ‘time frozen or blocked by fixation and trauma’, where ‘the ever-presentness of unconscious life is understood as the constant temporality that accompanies waking life and not just dream time or psychopathology’ (Baraitser, 2022, p. 382). Later in this chapter, I shall consider whether the adolescent mental health crisis may put a particular inflection on the idea of *Nachträglichkeit* or afterwardsness: what I am thinking of as too-lateness.

### **Adolescence as a crisis of time**

I think of [adolescents] as being, essentially, Janus-faced – that is, looking both from the present to the unknown and therefore unsafe future, and also from the present back to the past. (Waddell, 2018, p. 199)

In considering whether adolescence might ever be experienced as *too late*, it is necessary to consider the pivotal nature of this stage of life, when ‘one’s past begins to catch up with one’ (Laufer, 1995a, p. 72). At this time of bodily and emotional changes, described by Winnicott as the ‘long meanwhile’ (1962, p. 81) of adolescence, the young person may feel caught between a sense of stuckness and one of being propelled forwards. Moses Laufer argues that adolescence is crucial as a time ‘during which a mental picture of oneself with a specific and fixed sexual identity will be established’ (1995a, p. 73). Social pressures also compel the young person to try to keep level with the peer group while exacerbating a drive to become independent from parents or carers just when they are most needed; this may bring conflicting feelings of being intruded upon or abandoned. Laufer argues that while the past is a significant determinant, ‘there are some critical events within ourselves during adolescence that make a difference not only to present and future life but to present and future mental health’ (1995a, p. 73). Its only cure, Winnicott argues, ‘belongs to the passage of time’ (1962, p. 79). Adolescence is thus a pivotal stage, a *hinge-point*:

[A] temporal crisis, a crisis in and of developmental time [in which] the pressure on the individual to fall into step with a relentless march forward, while also being in the grip of the conscious and unconscious reworking of earlier traumas, is perhaps unparalleled.

(Catty, 2021, p. 194)

Winnicott argues that alongside the psychological crisis, a different state may emerge in adolescence, which he names 'the doldrums', in which the adolescent feels futile:

They do not know what they are going to become. They do not know where they are and they are waiting. Because everything is in abeyance, they feel unreal.  
(1962, p. 84)

Winnicott argues that this is a crucial developmental phase: a period of waiting from which a more secure identity can emerge.

It is important to be clear here about different definitions of *crisis* and, related to this, *trauma*. The 'Oxford English Dictionary' (OED) defines crisis in three ways: as a 'time of intense difficulty or danger', as a 'time when a difficult or important decision must be made', and as the 'turning point of a disease'. If adolescence is a temporal crisis, this is not to say that it is experienced as traumatic or threatens catastrophic outcomes for all young people. More relevant here is the sense of the crisis being a turning point, although it is also rather ordinary for young people to experience some degree of difficulty during this period. (The difficulty in clinical practice of distinguishing between a mental health crisis in a young person and a 'particularly extreme case of adolescence' is well made by Waddell, 2018, p. 177.)

Analogously, Maria Papadima (2021) has drawn on the distinction between ontological and historical trauma made by historian Dominick LaCapra (2001), where the latter is a shocking or overwhelming event occurring in the real, external world, whereas the former is a 'defining, limiting experience which does not overwhelm the ego and which the child either accepts or rebels against' (Papadima, 2021, p. 437) and is universal. Ontological trauma is thus developmentally necessary and part of normal development. Papadima describes how, in Freud's work, 'this involves the key phantasies that structure our lives – seduction, primal scene, castration . . . , and of course the passage through the Oedipus stage' (2021, p. 437), and advocates holding this kind of trauma in mind alongside historical trauma (p. 450).

I would argue, then, that ordinary adolescence may constitute an ontological trauma owing to the intensely pivotal nature of this stage of life, and the psychological and existential pressures that this entails, which I am calling a *crisis of time*. Yet Laufer argues that in normal development, the adolescent can look forward to the future 'as a time when he can make amends for his own hatreds or his own disappointments, a time to have the inner freedom to allow himself to forgive the parents of the past' (1995a, p. 75). How different pressures may produce a mental health crisis will be the subject of my next section.

First, however, it is important to bring in Aion (cyclic time) and consider factors that belong to a particular era, the time and place of Western European culture in the 21st century. Waddell (2018, p. 236) points out the particular pressures of the external world for today's adolescents, who are known to be adversely affected by exam stress (Stear et al., 2023). Green's emphasis on the superego

as an orientator of time (2007, p. 18) is illuminating here: adolescence in Western culture is powerfully constructed as a time of targets and milestones, invoking an urgency about Kairos (milestone time), which leaves many young people with the impression that their opportunities are fleeting. A sense that the pace of ordinary life has sped up hugely in the last decades, driven by technological advances, including the internet and communication via social media (Baraitser, 2017, pp. 6–9), also contributes to a sense that adolescence may be lived out in a bewildering whirlwind of activity – one in which the halting pace of uncertainty in the ‘doldrums’ (Winnicott, 1962/2016) may no longer be tenable.

Where Steiner posits an awareness of the difference between the generations as an important developmental realisation (2018, p. 1279), Rachel Acheson and Maria Papadima observe that young people seen in Child and Adolescent Mental Health Services (CAMHS) ‘often think of their generation as quite separate from the generations that came before’ (2023, p. 98). While this may be typical of adolescence, the particular urgency they observe may be linked to a range of external factors: today’s young people face the pressures of social media (Zsila & Reyes, 2023), they believe that they will have more difficult lives than their parents (Barnardo’s, 2024; Devlin, 2024), and their anxiety about the climate crisis is taking a toll on their mental health (Skopeliti & Gecsoyler, 2023). Indeed, anxiety about the climate crisis today provides an alternative model of intergenerational trauma: one in which trauma is visited upon young people by previous generations. Young people’s protests foreground this crisis as a ‘cry for help’ (Thunberg, 2019, p. 3), the more powerful because uttered by teenagers (cf. Baraitser, 2020).

### **The adolescent mental health crisis**

A substantial increase in adolescent mental health presentations in recent years (23% in a single year in the UK: Gregory, 2023), including for anxiety (Gregory, 2024) and self-harm (Fillis et al., 2023), has also been linked to the impact of social media (Karim et al., 2020), along with the impact of ongoing structural racism (Simon, 2023) and discrimination, including that experienced by LGBTQ+ young people (Mustanski et al., 2016). Moreover, it is already clear that the multiple lockdowns of the Covid-19 pandemic have had an adverse effect on young people’s mental health, particularly for those groups who were already suffering (Branje & Morris, 2021; Kiss et al., 2022; Li et al., 2022; Luijten et al., 2021) (see also Baraitser et al., 2024). Indeed, lockdown strategies may have invoked a fantasy that time could be suspended: a fantasy called out by the insistent rhythms of adolescent life (Catty, 2020).

If adolescence, even for the psychologically healthy individual, is inherently a temporal crisis, this lays the ground for the adolescent suffering a mental health crisis, in the primary sense of ‘a time of intense difficulty or danger’ (OED). If adolescents find themselves at a hinge-point, looking forwards and back, where there is trauma in the picture, this hinge-point becomes invested with both grief and dread. The shift from a developmentally ‘normal’ crisis to the crisis of mental

breakdown is apparent in Peter Fonagy and Mary Target's description of the conflict between separateness and dependency:

Developmentally, a crisis arises when the external demand for separateness becomes irresistible, in late adolescence and early adulthood. At this time, self-destructive and (in the extreme) suicidal behaviour is perceived as the only feasible solution to an insoluble dilemma: the freeing of the self from the other through the destruction of the other within the self.

(1999, pp. 53–54)

Similarly, Laufer identifies as a warning sign of psychological disturbance the question of whether 'the pull back to childhood forms of behaviour [is] so strong that there is the danger of giving up the effort or the wish to move forward to more adult behaviour' (1995b, p. 14), as well as whether the young person sees the future as 'something to look forward to or as something dreadful' (p. 19).

Past traumas endlessly play out in new contexts; 'the combination of the past with the more immediate fantasies of adolescence . . . ultimately establishes the pathologies we see later' (Laufer, 1995a, p. 74). Developmental and relational traumas, along with intergenerational ones, are known to figure largely in the aetiology of adolescent depression (Cregeen et al., 2017; Rhode, 2011). Models of relational trauma deriving from work with 'looked-after' children – the idea of having 'multiple families in mind' (Rustin, 2008) or inhabiting 'two worlds' (Fagan, 2011, pp. 136 ff) – emphasise a split in consciousness that is both spatial and temporal. Children removed from their birth families can thus 'struggle to know which is the true reality . . . – the traumatising relationships of the past or the new relationships of the present' (Fagan, 2011, p. 130), while family and intergenerational traumas can cast shadows when they converge with developmental pressures and anxieties (Rustin, 2008, p. 88).

The impact of intergenerational trauma has been increasingly emphasised in psychoanalytic child psychotherapy theory and practice (Fraiberg et al., 1975), as well as in psychoanalysis (Abraham & Torok, 1994; Harris et al., 2016; Kimbles, 2021); it chimes with a burgeoning field of empirical research into the intergenerational transmission of attachment difficulties (Main et al., 1985; Ricks, 1985), as well as neuroscientific research focusing on epigenetic factors (Bale, 2015; Skinner, 2014). The future thus becomes unsafe, as Waddell puts it, not just because it is unknown, but because it is invested with dread that a traumatic past – one's own or intergenerational – may be repeated.

In their work on *depressing time*, a concept conveying the stasis and suspended time of depression, Laura Salisbury and Lisa Baraitser (2020) describe the development of conceptions of melancholia and depression in the first half of the 20th century. They note that 'waiting uncoupled from a future into which one might step came to be understood as a key feature of the affective condition termed "melancholia", or . . . "depression"' (pp 104–105). They also note that 'one of [the] key insights [of 20th century phenomenological psychiatry] was that chronic mental distress can be understood as a disturbance of a sense of lived time' (p. 106). Yet as I have argued elsewhere (Catty, 2021), models of depression that link it to

suspended time and impeded movement may need to be modified when applied to adolescents, as they may fail to do justice ‘to the drama of adolescent life, to the whirlwind of peer or family conflict or self-harm – and to adolescent rage’ (p. 193).

Salisbury argues that anxiety, which derives from the Latin *anxietas* (worry, solicitude, extreme care), took on particular associations in modern English with worrying about the future (2022, p. 3): associations which endure into both cognitive and psychoanalytic conceptions of anxiety as ‘taking a certain care of the self by producing a particular sense of time’ (p. 5). Salisbury and Baraitser also utilise Paul Saint-Amour’s argument that ‘violence anticipated is already violence unleashed’ (2015, p. 13). His conceptualisation of ‘*pre* traumatic stress syndrome’ arises ‘not in the wake of a past event, but in the shadow of a future one’ (pp 7–8). Salisbury argues that in this model of *pre-traumatic stress syndrome* (<https://dictionary.apa.org/pretraumatic-stress-disorder>; Kaplan, 2020), tolerance of this anxious orientation towards the future is always ‘determined by one’s expectations of what it might bring’ (Salisbury, 2020, p. 97).

Young people in crisis, then, may be caught between the past of intergenerational trauma or personal relational trauma and dread of the future, mediated by pre-traumatic stress. The states of depression, slowed time, or anxiety generate a particular intensity when experienced by the adolescent, for whom societal, biological, and developmental clocks are ticking, so that the future bears down on them in a particularly alarming way. A crisis event signals both the deathly but also the dramatic nature of this mental state.

The following vignette highlights the impact of multiple losses on a young man’s sense of the future:

Mark, 16, had experienced the deaths of two grandparents in rapid succession during his teens and remembered the loss of another in his early years and its impact on his mother. His mother had also lost a sibling in her own childhood. He came to the attention of CAMHS after taking a serious overdose of painkillers washed down with alcohol, after which he was found by his father and taken to the Accident and Emergency (A&E) Department of the local hospital. His future therapist met him there while on ‘duty’ and tried to explore what had led him to this act; while the bereavements took longer to be disclosed, he was eloquent about his sense that the future was bleak and that adult life had nothing to offer him. Nevertheless, he seemed to engage reasonably well with the initial contacts in the emergency setting, and he accepted the offer of working with the clinician. It was arranged that they would meet for an assessment for psychotherapy after his discharge from hospital, which was supported by other multidisciplinary clinicians. The psychotherapist came to work after a weekend, expecting to see Mark for his first session, but learned that he had taken an overdose during that weekend and been re-admitted to the hospital.

Mark may be seen as caught between a traumatic past which includes his parents' own 'ghosts' (Fraiberg et al., 1975) and a future which seems destined to be bleak: a seemingly endless repetition of his parents' mourning and his own. He does not alert an adult when he takes the overdose and is lucky to receive such prompt medical attention. His overdose after the initial encouraging contacts with professionals seems to function as a demonstration that help is being offered 'too late': a phenomenon to which I shall return in due course.

The suicidal adolescent may be seen as one who attempts to call a halt to time, and to stop its intergenerational flow. While the wish to 'kill time' has been linked to the pathological retreat into a timeless state (Williams, 2007; Steiner, 2018), some adolescents, like Mark, take time into their own hands in acts of dangerous self-harm. Mark's act seems to be an attempt to resist the onward temporal pull towards both the future and the adult world of sexuality and a changed body. This may be linked to the perception of Moses and Eglé Laufer that a suicide attempt may allow the adolescent to feel more in control of his or her body (Laufer & Laufer, 1989; Laufer, 1995c). The suicidal act, in Perelberg's words, is

thus ultimately seen as these adolescents' attempts to regulate their distance in relation to their internal objects (which they identify with their bodies) and achieve separateness (either by abandoning their objects as they themselves had been abandoned or by attacking them as they felt they had been attacked).

(Perelberg, 1999, p. 24)

Yet this quest for separateness also puts them outside of time, in a phantasy of suspension between childhood and adulthood, the future indefinitely postponed – and running the risk of the future being cancelled entirely.

The impact of the increase of presentations of young people in acute crisis has a corresponding effect on the services designed to support them, as well as the individual professionals within them. I have argued elsewhere that CAMHS services are often structured around time and urgency and a 'temporal hierarchy of risk' (Catty, 2021, p. 196). A significant revision to the NICE Guideline on managing self-harm, in the UK, has, however, recently privileged an understanding of the meaning of a suicidal act over any simplistic assessment of the riskiness of the act. The guideline advocates paying careful attention to the meaning of the suicidal presentation in the context of a holistic assessment, positioning the clinician as one who searches for meaning, and warns against providing services based on a stratification of risk (NICE, 2022). Nevertheless, the urgency of the self-harming or suicidal presentation is difficult to mitigate, with the possibility of suicide casting a shadow over mental health practice (Catty, 2021).

The emphasis on time and waiting in psychoanalytic practice also exists in tension with the values of mental health treatment in the NHS (Bent-Hazelwood, 2020): an extreme version of Winnicott's juxtaposition of the questions 'How much can one be allowed to do?' and 'How little need be done?' (1965, p. 166; cf. Bent-Hazelwood, 2020). Long waits for assessment or treatment may compound

the sense of some young people that what they are offered is ‘too little too late’. This may be particularly concrete for a young person approaching 18, who is to be discharged or transitioned to another service by this significant birthday, whereas for children in the care system, dealing with the impact of early trauma, intervention may feel as though it is always already too late (Rebecca Bolam, personal communication). Like the young people they work with, professionals may thus have reason to fear being *too late*.

### **‘Too late for me’: *too-lateness* and despair**

The following vignette conveys the sense of hopelessness of a young girl caught between past trauma and her sense of the absence of the future:

‘Layla’ was referred to her local CAMHS at the age of 12 because of her increasingly low mood and anxiety, which seemed to have gotten worse when she started secondary school. By the time she was seen for an initial appointment, she had been waiting for over a year and had started self-harming by cutting herself on a regular basis: a situation that her school and parents could barely contain. Clinicians elicited from her concerned mother and stepfather a history of domestic violence perpetrated by her birth father, much earlier in her life, and a sense that she was an unofficial ‘young carer’ for her significantly depressed mother. Layla herself engaged in a rather perfunctory way with a series of appointments with CAMHS clinicians, who felt they could not elicit any sense of optimism from her about the future, nor any authentic account of why she was self-harming. The appointments had no apparent effect on her mood or self-harm. She was then referred to the team’s psychotherapist. The day before she was due to meet the psychotherapist, however, Layla took a significant overdose of painkilling medication; frightened, she told her mother and was admitted to hospital.

When Layla was discharged and the sessions with her psychotherapist commenced, the therapist was able, gradually, to talk with Layla about the timing of this overdose, picking up on a sense of ‘too-lateness’: that a space for care and attention was being provided, but too late to be of use. When the psychotherapist named this feeling, Layla for the first time brightened. She admitted, ‘I think this therapy is too late for me’.

(adapted from Baraitser et al., 2024)

*Too-lateness* is a concept coined to capture a disjunction in time that leaves some distressed young people unable to take the help offered to them or access any sense of hopefulness. It points to the overwhelming affect that attempts to shut the young

person down even in the face of evidence of change to come. Struggling with the pressure of developmental and intergenerational trauma, Layla may feel that she is doomed to replay her own and her mother's past through the compulsion to repeat, or that the future holds nothing for her. This is, of course, related to the phenomenon that a young person in the grip of suicidal or self-destructive thoughts is likely to reject help, sometimes with 'a paradoxical triumphant determination to prove himself to be beyond help' (Joffe, 1995, p. 56). Rosalie Joffe relates this to the young person's simultaneous desire for and fear of dependency, which leads to self-punishment (p. 58). She also argues that the suicidal young person has repudiated their guilt about parental concern (p. 56). Yet Layla, like Mark, seems to be conveying something about timing, along with the rejection of help per se.

Where many young people who self-harm or express suicidal ideation use ideas about time (such as the need to die before a significant date) as a way of communicating urgency (Catty, 2021), Layla here communicates the idea of being too late, articulating it only in action, by overdosing on tablets designed to 'kill' pain. In her pre-transference to the psychotherapist she has not yet met, it seems likely that she believes that the new professional has nothing to offer her: perhaps a projection of her sense of a depleted maternal object, perhaps exacerbated because she has already projected this sense of uselessness onto the other CAMHS professionals she has met, giving her multiple, apparently confirmatory, negative experiences. As Joffe observes, young people with suicidal intentions 'seem to want us to prove to them that we, too, like the parents, have nothing of value for them and/or are uncaring' (1995, p. 55). Layla has no reason to think that the new professional promises her anything different. Whether her overdose is an unconscious attempt to elicit help – it does, at least, frighten her into alerting her mother – or a more determined attempt to end her life is something that may come to be understood in her psychotherapy, in time. Meanwhile, her therapist is left trying to digest the impact of the communication ('You are not worth waiting for'), so that she can metabolise it into a better understanding of Layla's internal world and self-belief: Layla is not worth anyone's while to wait for; she can no longer be helped; she is somewhere in time between her childhood and a future that seems unimaginable.

How might too-lateness differ from *Nachträglichkeit* or afterwardsness? Afterwardsness is defined as the way in which 'experiences, impressions and memory-traces may be revised at a later date to fit in with fresh experiences or with the attainment of a new stage of development' (Laplanche & Pontalis, 1967, p. 111). Gregorio Kohon (2007) argues that this 'makes it impossible to merely explain the present through the events of the past' as the past becomes a 'historicization' of the present (p. 106). He emphasises how *Nachträglichkeit* also helps illuminate how a stuck temporality can hold us in the past (p. 115). If *Nachträglichkeit* describes the situation where 'something is perceived but only takes on meaning retrospectively' (Birksted-Breen, 2003, p. 1,501), I would argue that too-lateness incorporates that perception and infuses it with bleakness about the future. While the paradigmatic experience in Freud's account is the child's retroactive understanding of sexuality (Perelberg, 2007a, p. xiv; Baraitser,

2022, p. 382), for young people managing loss or the developmental traumas of domestic violence or parental ill health, afterwardsness may play out in a memory of loss or violence infused with a more adult understanding ('My father hits my mother' becomes 'Adult life holds only pain and violence'). The second event that re-activates the first, in this model, may be any of the pressures on adolescent life that bring to the fore and re-shape the internal situation of trauma and loss. For Layla, transfer to secondary school may have brought a sense of being more 'grown-up', reactivating an internal sense of powerlessness in the face of relational trauma and parental ill health, while puberty may have intensified her sense of being pulled into a terrifying adult identity. The long wait for treatment or attention she experienced may, of course, have compounded these factors, re-constellating a sense of being overlooked in favour of another's distress.

Caught in the pivotal position of adolescence and faced with the afterwardsness of post-traumatic and pre-traumatic stress about a future of traumatic repetition or emptiness, the adolescent may thus feel too late not just for help but existentially: too late to shape life in a different way. The concept is thus not simply relational, as Layla's example might suggest ('I am too late to be helped by therapy, by parents or teachers or you'), but also existential ('I find myself too late in time, too late to change my destiny, propelled from a past that traumatised me towards a future that must be avoided at all costs').

Layla and Mark recovered from their overdoses; indeed, the thoughtful responses of their families and mental health teams enabled these young people to make progress, once their suicidal gestures had been understood. An act of self-injury, while always dangerous, may come 'in time' to generate help. It cannot be assumed that this is the intention, unconscious or otherwise; indeed, Acheson and Papadima (2023) emphasise the range of meanings that a suicidal act may have, and the importance of attending to its underlying meaning (p. 97). That in each case, however, it took an overdose requiring hospital admission to reach a turning-point may help to illuminate something about the nature of crisis, bearing out the suggestion of Anna Motz (2010) that self-harm may, in its communicative function, contain hope.

For the adolescent, already, perhaps, experiencing adolescence as an ontological crisis in which they feel propelled forwards but also drawn back, the act of self-harm or the suicide attempt might be seen as involving not only a 'time of intense difficulty or danger' but also a turning-point at which a decision must be made, or something done differently. Terrifyingly, the wrong decision might be made, including the potential for the young person to decide not to carry on at all. But this definition also implies a pausing: a suspension, even if brief, between paths, where crisis may 'paradoxically, call for the suspension of judgement' in an offer of care that simply offers 'more time' (Baraitser & Brook, 2020, p. 237). The crisis thus parallels and reflects the pivotal nature of adolescence itself. Waddell's 'Janus-faced adolescent' finds him- or herself at a hinge-point where there are conflicting pressures to move rapidly forward or to turn back; where this precipitates a mental health crisis, there may be conflicting urges to either slow time down (by withdrawing) or speed it up (in frenetic and dangerous activity), or an urge to stop time altogether.

While it is not the only way to slow time down, psychoanalytic psychotherapy has a particular role in helping young people and their networks to pause for thought and to add time to a situation.

### Treating young people with time

Psychoanalytic practice has been conceptualised as a ‘treatment *of* or *with* time’ or a *waiting with* (Salisbury & Baraitser, 2020, pp. 114, 115), which takes time, and is structured into the rhythm of treatment. The containment it provides is both durational and rhythmic, the process in time being central (Birksted-Breen, 2003, p. 1,512) and the rhythm of sessions evoking ‘the most primal level of post-natal infant biorhythmic-embodied experience’ (Shulman, 2019, p. 330). Psychoanalytic practice requires a balancing of temporal models: Chronos (linear time) underpinning the psychoanalytic frame, Kairos (milestone time) enabling the opportune moment, and both bringing in an awareness of the unconscious Aion (cyclic time) (Bent-Hazelwood, 2020, p. 7). Psychoanalysis thus offers ‘a specifically chronic cure – the offer of time *as* care’ (Salisbury & Baraitser, 2020, p. 106). It also uses the interpretation to reinstate a sense of time where that has been lost, bringing the patient a sense of their location in intergenerational history and allowing them to work through the Oedipus complex (Rose, 2007, pp. 39–40).

What, then, does the temporal nature of psychoanalytic treatment offer to adolescents in crisis? Layla’s story, as described earlier, entailed a durable transference relationship, building from the moment of contact previously described:

From this moment of contact between patient and therapist, a genuine therapeutic relationship was able to grow. Layla started to talk more freely to the therapist, and to speak not just about feeling low, but about things that annoyed her: at school, sometimes, or even at home. Gradually, she dared to voice resentment at her mother for being unwell, risking the shame of admitting her mixed feelings about the burden and the worry of being regarded as her mother’s ‘carer’. Gradually, her self-harming seemed to have stopped; much later, she was able to tell her therapist that she felt a sense of pride in having ceased to resort to this way of signalling her distress.

(Baraitser et al., 2024)

Layla was treated with open-ended psychoanalytic psychotherapy. Yet offering psychoanalytic work to young people in crisis may take other forms.

Acheson and Papadima (2023) argue that longer-term psychotherapy is not always indicated, particularly for a specific group ‘whose behaviour and feelings, even though needing close care and attention as signs of great distress, [are] not expressions of enduring mental health disturbance’ (p. 96). Indeed, the child psychoanalytic psychotherapy profession has been exploring different uses of time with young people, including Short-Term Psychoanalytic Psychotherapy (STPP), the 28-week model arising from the IMPACT research study of depressed adolescents

(Improving Mood with Psychoanalytic and Cognitive Therapies; Goodyer et al., 2011), many of whom had significant risk histories and suicidal ideation. It has been suggested that the time-limited framework of STPP, building the anticipation of loss into the treatment, may be particularly helpful for young people suffering multiple losses and intergenerational trauma (Cregeen et al., 2017, p. 2) and may also introduce the idea of *new* development: ‘not just an ending, but also a new beginning’ (p. 119). The future can thus be conceived of as something that is possible to contemplate.

Mark, the 16-year-old boy described earlier, who took a second overdose just before starting to meet his psychotherapist for an assessment, was offered STPP:

Mark attended his STPP sessions religiously. He told the psychotherapist angrily how bleak adult life was: it apparently held nothing for him. Gradually, he started to talk about the deaths that had blighted both his recent years and his mother’s life. In the last stretch of the therapy, he started to refer to the future, first tangentially, and then with greater confidence, to make plans, and to suggest that he might be able to find his way.

Young people may, however, need us to be flexible and accommodate to their use of time (Bent-Hazelwood, 2020, p. 8) or take control of time in ways that we fail to anticipate. The participants in the IMPACT study took control of the time offered in the time-limited interventions in the study, including STPP, where the average number of sessions attended was 11 rather than the 28 of the model (Goodyer et al., 2016). A sub-study looking at a representative group of 32 young people who had dropped out of treatment found that they could be grouped into three categories based on their own descriptions: ‘got-what-they-needed’, ‘dissatisfied’, and ‘troubled’ (O’Keeffe et al., 2019), the latter lacking the external-world stability to engage. While both the ‘dissatisfied’ and the ‘got-what-they-needed’ groups were taking control of time by leaving therapy rather than settling for an adult’s model, the existence of the latter group in particular suggests that some young people can benefit from a much shorter treatment and may prefer exercising their autonomy by choosing when to end. One participant, ‘Conor’, reported: ‘I just wanted to kind of, get that kind of phase of my life over with’ (O’Keeffe et al., 2019, p. 7).

The case of a young man I shall call ‘Peter’, while somewhat unconventional, shows the need of an adolescent to take control of the treatment in order to make use of it in his own way.

‘Peter’, 16, was well known to the CAMHS team responsible for dealing with mental health crises. In his early years, he had been repeatedly removed from, and then returned to, first, his birth parents and, later, a succession of foster carers. Subsequent attention from a stable and

kind caregiver was not enough to address this early containment failure. He first became known to the team after an overdose; subsequently, his presentation was to engage minimally with staff when they reached out to him after such a crisis (of which there were many), but then to drop out of any therapeutic relationship offered. Another emergency presentation would follow within a few months or so. At age 16, by which time he had been NEET (Not in Employment, Education or Training) for some time, it was suggested that he be offered psychotherapy, and the therapist, following an assessment, suggested STPP.

It was not clear whether Peter took on board the offer of this 28-week treatment model, with its weekly rhythm punctuated by planned holiday breaks. Nobody in the team thought he would engage with it. For a stretch of six weeks, he attended reliably, however. He spoke intermittently about various matters that concerned him, with a sense of puzzlement as to why the therapist might be interested in such things, lapsing often into silence. In such silences, the ticking of the therapy room clock seemed to become louder. Peter seemed amused and intrigued by this, and comments on the ticking of the clock became a regular feature of this short stretch of sessions. In one such session, the psychotherapist found herself thinking about what she had been told about Peter's grandfather, a somewhat more stable presence in his life. She was amused to consider inwardly whether the association had come to her via the idea of the 'grandfather clock'.

One day, Peter's carer got in touch to say that Peter had secured a job and would no longer be able to attend. In a later call, the carer marvelled at Peter's commitment to the new job, telling the therapist, 'He's a totally different person!'. Peter never contacted the team again, and there were no further emergency presentations.

Many adolescents regard the 28-week model of STPP as rather a long time (Cregeen et al., 2017, p. 54). Yet it seems there was more than this to Peter's brief engagement with STPP. We might wonder what it was about the offer of psychotherapeutic time that had this unusual but, it seems, helpful, effect on him. For a young person who had had no experience of dependability, it seems that the regular commitment to a particular time and place every week, in which the therapist would give him her uninterrupted attention, was paramount. Peter had, after all, previously replicated with the mental health team a painful pattern of abandonment from his earlier years. In hindsight, his overdoses and other suicidal gestures could be seen as frantic attempts to call a halt to this vicious circle, which replicated the patterns of care and abandonment in the relationship with the team but was unsuccessful as an attempt

to elicit solid help. Peter could not sustain the relationships being offered by the team, which might be seen as comprising a model of irregular contacts responsive to perceived urgency. By contrast, he metabolised something about the time being offered by psychotherapy, with its ‘ticking’ regularity or *chronicity*, which gave him a chance to step away from the vicious circle of crisis, recovery, and more crisis, for a regular period each week.

Rose argues that the offer of psychoanalysis, with its particular timing and duration, ‘emphasizes something finitely limiting that may threaten various internal structures that are built upon a denial of time’ (2007, p. 23). Peter had, indeed, been denying time in the years when he was NEET, as though his failure to engage in life did not signify; yet he was living out the significance of the temporal rhythm of presence and abandonment through the repetition compulsion. Following Rose’s (2007) advocacy of attending to distortions of time in the transference, one might ask whether Peter experienced his therapist as representing *Time*: perhaps Chronos or *Old Father Time*, represented in the ticking (grandfather) clock. This may have coexisted with a maternal transference never worked through, in which he needed to abandon her as revenge on the abandoning mother. Yet had this latter transference predominated, one would imagine that the vicious circle of abandoning CAMHS and then returning via a crisis hospital admission would have continued. Instead, the (grandfather) clock transference seems to have had greater weight and enabled Peter to take some control of time by re-engaging with the external world of work and choosing to leave the stuck world of CAMHS – perhaps, thus, acquiring more of a sense of a past and a future.

## Conclusion

In conclusion, then, I have been suggesting that adolescence may be regarded as an ontological temporal crisis, owing to its position as a pivotal stage or *hinge-point* that pulls the young person both forwards and back, with their lived sense of Chronos (linear time) putting them under unbearable pressure. For young people today, the pressures particular to our current times, illuminated by considering Aion (cyclic time), exacerbate this sense of a critical hinge-point, as difficulties in the present combine with an increasing bleakness about the future, and the opportune moment of Kairos (milestone time) seems ungraspable. While the majority pass through this stage unscathed, an increasing number find themselves in a mental health crisis as they become caught between the past of developmental and intergenerational trauma and fear of its repetition in an uncertain future. The adolescent mental health crisis, when it plays out in self-harm or suicide attempts, may be seen as threatening to stop time, although, crucially, for many, it may also provide an opportunity: to pause, to consider, and to bring in others alongside to offer careful attention. The time that may be provided for young people through psychoanalytic psychotherapy, I have argued, may play out in diverse ways but aims both to enliven the stuck time of depression and to slow down the adolescent whirlwind. I have also suggested that a sense of too-lateness, perhaps usefully

seen as a distortion of *Nachträglichkeit* in adolescents in crisis, may be part of the experience of such adolescents, indicating both an existential sense of being too late and a relational one (being too late for help) that can helpfully be worked through in psychoanalytic psychotherapy.

## Acknowledgements

This chapter was developed and written as part of the project *Waiting Times*, supported by the Wellcome Trust [205400/A/16/Z] (see <https://waitingtimes.exeter.ac.uk>). I am grateful to Laura Salisbury for the conception of adolescence as a temporal *hinge-point*. I am indebted to Lisa Baraitser and Laura Salisbury for helpful comments on this chapter, and to our colleagues on the *Waiting Times* project for their insight and inspiration, in particular Kelechi Anucha, Stephanie Davies, Michael J. Flexer, Martin D. Moore, and Jordan Osserman. I have also benefited greatly from the advice of the book's editors, Rachel Acheson and Maria Papadima; from insightful feedback from Rebecca Bolam; and from wise clinical supervision over the years from Martin Daltrop, Margaret Rustin, and Margot Waddell.

## References

- Abraham, N., & Torok, M. (1994). *The shell and the kernel*. London & Chicago: University of Chicago Press.
- Acheson, R., & Papadima, M. (2023). The search for identity: Working therapeutically with adolescents in crisis. *Journal of Child Psychotherapy*, 49(1), 95–119. <https://doi.org/10.1080/0075417X.2022.2160478>
- Alvarez, A. (1992). *Live company*. London: Routledge.
- Bale, T. (2015). Epigenetic and transgenerational reprogramming of brain development. *Nature Reviews Neuroscience*, 16, 332–344. <https://doi.org/10.1038/nrn3818>
- Baraitser, L. (2017). *Enduring time*. London: Bloomsbury.
- Baraitser, L. (2020). The maternal death drive: Greta Thunberg and the question of the future. *Psychoanalysis, Culture & Society*, 25(4), 499–517. <https://doi.org/10.1057/s41282-020-00197-y>
- Baraitser, L. (2022). 'Time' for 'the People': Reflections on 'Psychoanalysis for the People: Free Clinics and the Social Mission of Psychoanalysis'. *Psychoanalysis and History*, 24(3), 375–392. <https://doi.org/10.3366/pah.2022.0445>
- Baraitser, L., Anucha, K., Catty, J., Davies, S., Osserman, J., Salisbury, L., Flexer, M. J., & Moore, M. D. (2024). (Un)timely care: Findings from the *Waiting Times* Project. *Wellcome Open Research*. <https://wellcomeopenresearch.org/articles/9-490/v>
- Baraitser, L., & Brook, W. (2020). Watchful waiting: Crisis, vulnerability, care. In: V. Browne, J. Danely, T. Managhan, & D. Rosenow (eds.), *Vulnerability and the politics of care. Proceedings of the British Academy* (Vol. 235, pp. 230–247). Oxford: Oxford University Press.
- Barnardo's. (2024). *Changing childhoods, changing lives*. Report. Retrieved April 14, 2024, from <https://www.barnardos.org.uk/research/changing-childhoods-changing-lives>
- Bell, D. (2007). Existence in time: Development or catastrophe? In: R. J. Perelberg (ed.), *Time and memory* (pp. 65–84). Reprinted 2018: London & New York: Routledge.
- Bent-Hazelwood, J. (2020). How much time do we need? Time and psychoanalytic psychotherapy in CAMHS. *British Journal of Psychotherapy*. <https://doi.org/10.1111/bjp.12561>

- Birksted-Breen, D. (2003). Time and the après-coup. *International Journal of Psychoanalysis*, 84(6), 1501–1515. <https://doi.org/10.1516/1DM9-6X63-248B-U5F6>
- Branje, S., & Morris, A. S. (2021). The impact of the COVID-19 pandemic on adolescent emotional, social, and academic adjustment. *Journal of Research on Adolescence*, 31(3), 486–499. <https://doi.org/10.1111/jora.12668>
- Canham, H. (1999). The development of the concept of time in fostered and adopted children. *Psychoanalytic Inquiry*, 19(2), 160–171. <https://doi.org/10.1080/07351699909534239>
- Catty, J. (2020). Lockdown and adolescent mental health: Reflections from a child and adolescent psychotherapist. *Wellcome Open Research*, 5(132). <https://wellcomeopenresearch.org/articles/5-132>
- Catty, J. (2021). Out of time: Adolescents and those who wait for them. *Journal of Child Psychotherapy*, 47(2), 188–204. <https://doi.org/10.1080/0075417X.2021.1954977>
- Catty, J. (2023). The time of care: A Waiting Times conference. *New Associations*, 40, 12. [https://www.bpc.org.uk/download/9537/NA-Summer-2023\\_LO\\_RES\\_v2.pdf](https://www.bpc.org.uk/download/9537/NA-Summer-2023_LO_RES_v2.pdf)
- Civitaresse, G. (2019). The concept of time in Bion's 'A Theory of Thinking'. *International Journal of Psychoanalysis*, 100(2), 182–205. <https://doi.org/10.1080/00207578.2019.1570216>
- Cregeen, S., Hughes, C., Midgley, N., Rhode, M., & Rustin, M. (2017). *Short-term psychoanalytic psychotherapy for adolescents with depression: A treatment manual*. J. Catty (Eds.). London: Karnac.
- Devlin, H. (2024, March 4). UK teens believe they will have harder lives than their parents, research finds. *The Guardian*. Retrieved April 14, 2024, from <https://www.theguardian.com/society/2024/mar/04/uk-teenagers-parents-standard-of-living-research>
- Fagan, M. (2011). Relational trauma and its impact on late-adopted children. *Journal of Child Psychotherapy*, 37(2), 129–146. <https://doi.org/10.1080/0075417X.2011.581467>
- Fillis, V., Fagg, J., & Unia, E. (2023, March 23). Self-harm hospital admissions up 22% for children aged eight to 17. *BBC News*. Retrieved September 1, 2024, from <https://www.bbc.co.uk/news/uk-england-64874355>
- Fonagy, P., & Target, M. (1999). Towards understanding violence: The use of the body and the role of the father. In: R. J. Perelberg (ed.), *Psychoanalytic understanding of violence and suicide* (pp. 44–61). London & New York: Routledge.
- Fraiberg, S. H., Adelson, E., & Shapiro, V. (1975). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired mother-infant relationships. *Journal of the American Academy of Child Psychology*, 14, 387–422. [https://doi.org/10.1016/s0002-7138\(09\)61442-4](https://doi.org/10.1016/s0002-7138(09)61442-4)
- Freud, S. (1895). Project for a scientific psychology. In: S. Freud (ed.), *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (Vol. 1, pp. 281–391). Trans. J. Strachey. London: Hogarth Press and the Institute of Psycho-Analysis.
- Freud, S. (1914). Remembering, repeating, and working through. In: *Standard Edition* (Vol. 12, pp. 145–156). London: Vintage (2001 reprint).
- Goodyer, I., et al. (2011). Improving mood with psychoanalytic and cognitive therapies (IMPACT): A pragmatic effectiveness superiority trial to investigate whether specialized psychological treatment reduces the risk for relapse in adolescents with moderate to severe unipolar depression: Study protocol for a randomized controlled trial. *Trials*, 12, 175. <http://www.trialsjournal.com/content/12/1/175>
- Goodyer, I., et al. (2016, November 30). Cognitive behavioural therapy and short-term psychoanalytical psychotherapy versus a brief psychosocial intervention for adolescents with unipolar major depressive disorder (IMPACT): A multi-centre, pragmatic, observer-blind randomised controlled trial. *Lancet Psychiatry*. [https://doi.org/10.1016/S2215-0366\(16\)30378-9](https://doi.org/10.1016/S2215-0366(16)30378-9)
- Green, A. (2007). The construction of heterochrony. In: R. J. Perelberg (ed.), *Time and memory* (pp. 1–22). Reprinted 2018: London & New York: Routledge.
- Gregory, A. (2023, January 3). Child referrals for mental healthcare in England up 39% in a year. *The Guardian*. Retrieved September 1, 2024, from <https://www.theguardian.com/society/2023/jan/03/child-referrals-for-mental-health-care-in-england-up-39-in-a-year>

- Gregory, A. (2024, August 27). NHS referrals for anxiety in children more than double since pre-Covid levels. *The Guardian*. Retrieved September 1, 2024, from <https://www.theguardian.com/society/article/2024/aug/27/nhs-referrals-for-anxiety-in-children-more-than-double-pre-covid-levels-england>
- Harris, A., Kalb, M., & Klebanoff, S. (2016). *Ghosts in the consulting room: Echoes of trauma in psychoanalysis*. London & New York: Routledge.
- Joffe, R. (1995). Don't help me! – The suicidal adolescent. In: M. Laufer (ed.), *The suicidal adolescent* (pp. 53–65). London: Karnac Books.
- Kaplan, E. A. (2020). Is climate-related pre-traumatic stress syndrome a real condition? *American Imago*, 77(1), 81–104. <https://doi.org/10.1353/aim.2020.0004>
- Karim, F., Oyewande, A., Abdalla, L. F., et al. (2020). Social media use and its connection to mental health: A systematic review. *Cureus*, 12(6), e8627. <https://doi.org/10.7759/cureus.8627>
- Kimbles, S. L. (2021). *Intergenerational complexes in analytical psychology: The suffering of ghosts*. London & New York: Routledge.
- Kiss, O., Alzueta, E., Yuksel, D., et al. (2022). The pandemic's toll on young adolescents: Prevention and intervention targets to preserve their mental health. *Journal of Adolescent Health*, 70(3), 387–395. <https://doi.org/10.1016/j.jadohealth.2021.11.023>
- Kohon, G. (2007). The Aztecs, Masada, and the compulsion to repeat. In: R. J. Perelberg (ed.), *Time and memory* (pp. 103–128). Reprinted 2018: London & New York: Routledge.
- Kristeva, J. (2003). *Intimate revolt: The powers and limits of psychoanalysis*. Trans. J. Herman. New York: Columbia University Press.
- LaCapra, D. (2001). Trauma, absence, loss. In: *Writing history, writing trauma* (pp. 43–85). Baltimore, MD: Johns Hopkins University Press.
- Laplanche, J., & Pontalis, J.-B. (1967). *The language of psychoanalysis*. London: Hogarth.
- Laufer, M. (1995a). Understanding suicide: Does it have a special meaning in adolescence? In: M. Laufer (ed.), *The suicidal adolescent* (pp. 69–82). London: Karnac Books.
- Laufer, M. (1995b). Psychological development in adolescence. In: M. Laufer (ed.), *The suicidal adolescent* (pp. 3–20). London: Karnac Books.
- Laufer, M. (ed.) (1995c). *The suicidal adolescent*. London: Karnac Books.
- Laufer, M., & Laufer, M. E. (1989). *Developmental breakdown and psychoanalytic treatment in adolescence: Clinical studies*. New Haven & London: Yale University Press.
- Li, S. H., Beames, J. R., Newby, J. M., Maston, K., Christensen, H., & Werner-Seidler, A. (2022). The impact of COVID-19 on the lives and mental health of Australian adolescents. *European Child & Adolescent Psychiatry*, 31(9), 1465–1477. <https://doi.org/10.1007/s00787-021-01790-x>
- Luijten, M. A., van Muilekom, M. M., Teela, L., Polderman, T. J., Terwee, C. B., Zijlmans, Klaufus, L., Popma, A., Oostrom, K. J., van Oers, H. E., & Haverman, L. (2021). The impact of lockdown during the COVID-19 pandemic on mental and social health of children and adolescents. *Quality of Life Research*, 30(10), 2795–2804. <https://doi.org/10.1007/s11136-021-02861-x>
- Maiello, S. (1995). The sound-object: A hypothesis about prenatal auditory experience and memory. *Journal of Child Psychotherapy*, 21(1), 23–41. <https://doi.org/10.1080/00754179508254905>
- Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood, and adulthood: A move to the level of representation. In: I. Bretherton, & E. Waters (eds.), *Growing points of attachment theory and research: Monographs of the Society for Research in Child Development*, 50(1–2), 66–104. <https://doi.org/10.2307/3333827>
- Malloch, S., & Trevarthen, C. (Eds.). (2009). *Communicative musicality: Exploring the basis of human companionship*. Oxford: Oxford University Press.
- McGilchrist, I. (2009). *The master and his emissary: The divided brain and the making of the Western world*. New Haven and London: Yale University Press.
- Motz, A. (2010). Self-harm as a sign of hope. *Psychoanalytic Psychotherapy*, 24(2), 81–92. <https://doi.org/10.1080/02668731003707527>

- Mustanski, B., Andrews, R., & Puckett, J. A. (2016). The effects of cumulative victimization on mental health among lesbian, gay, bisexual, and transgender adolescents and young adults. *American Journal of Public Health, 106*(3), 527–533. <https://doi.org/10.2105/ajph.2015.302976>
- NICE. (2022). *Self-harm: Assessment, management and preventing recurrence*. National Institute for Health and Care Excellence Guideline NG 225. Retrieved September 1, 2024, from <https://www.nice.org.uk/guidance/ng225>
- O’Keeffe, S., Martin, P., Target, M., & Midgley, N. (2019). ‘I Just Stopped Going’: A mixed methods investigation into types of therapy dropout in adolescents with depression. *Frontiers in Psychology, 10*(75), 1–14. <https://doi.org/10.3389/fpsyg.2019.00075>
- Papadima, M. (2021). Trauma in child psychotherapy: Some thoughts around a concept. *Journal of Child Psychotherapy, 47*(3), 433–452. <https://doi.org/10.1080/0075417X.2021.2021545>
- Perelberg, R. J. (1999). Psychoanalytic understanding of violence and suicide: A review of the literature and some new formulations. In: R. J. Perelberg (ed.), *Psychoanalytic understanding of violence and suicide* (pp. 15–43). London & New York: Routledge.
- Perelberg, R. J. (2007a). Introduction. In: R. J. Perelberg (Ed.), *Time and memory* (pp. xiii–xxi). Reprinted 2018: London & New York: Routledge.
- Perelberg, R. J. (2007b). Space and time in psychoanalytic listening. *International Journal of Psychoanalysis, 88*(6), 1473–1490. <https://doi.org/10.1516/VG65-8L74-2317-8492>
- Rhode, M. (2011). Some reflections on the individual therapy: Themes and interventions. In: J. Trowell, & G. Miles (Eds.), *Childhood depression: A place for psychotherapy* (pp. 125–136). London: Karnac.
- Ricks, M. H. (1985). The social transmission of parental behavior: Attachment across generations. In: I. Bretherton, & E. Waters (eds.), *Growing points of attachment theory and research: Monographs of the Society for Research in Child Development, 50*(1–2), 211–227. <https://doi.org/10.2307/3333834>
- Rose, J. (2007). Distortions of time in the transference: Some theoretical and clinical implications. In: R. J. Perelberg (ed.), *Time and memory* (pp. 23–46). Reprinted 2018: London & New York: Routledge.
- Rustin, M. (2008). Multiple families in mind. In: D. Hindle, & G. Shulman (eds.), *The emotional experience of adoption: A psychoanalytic perspective* (pp. 77–89). London: Routledge.
- Sabbadini, A. (1989). How the infant develops a sense of time. *British Journal of Psychotherapy, 5*(4), 475–484. <https://doi.org/10.1111/j.1752-0118.1989.tb01107.x>
- Saint-Amour, P. (2015). *Tense future: Modernism, total war, encyclopedic form*. Oxford: Oxford University Press.
- Salisbury, L. (2020). ‘Between-time stories’: Waiting, war and the temporalities of care. *Medical Humanities, 46*, 96–106. <https://doi.org/10.1136/medhum-2019-011810>
- Salisbury, L. (2022). On not being able to read: Doomscrolling and anxiety in pandemic times. *Textual Practice, 36*(1), 1–14. <https://doi.org/10.1080/0950236X.2022.2056767>
- Salisbury, L., & Baraitser, L. (2020). Depressing time: Waiting, melancholia, and the psychoanalytic practice of care. In: E. Kirtsoglou, & B. Simpson (eds.), *The time of anthropology: Studies of contemporary chronopolitics* (pp. 103–122). London & New York: Routledge. <https://library.oapen.org/handle/20.500.12657/43315>
- Salisbury, L., Baraitser, L., Catty, J., Anucha, K., Davies, S., Flexer, M. J., Moore, M. D., & Osseman, J. (2023). A Waiting Crisis? *The Lancet, 401*, 408–409. [https://doi.org/10.1016/S0140-6736\(23\)00238-6](https://doi.org/10.1016/S0140-6736(23)00238-6)
- Shulman, G. (2019). Time past, time present, time future: Reflections on the development of the sense of duration as a foundation for a durable object, going on being and sense of self. *Journal of Child Psychotherapy, 45*(3), 323–339. <https://doi.org/10.1080/0075417X.2019.1690027>

- Simon, K. (2023). Mitigating the negative mental health impact of racism on Black adolescents – A preventive perspective. *JAMA Network Open*, 6(11): e2340577. <https://doi.org/10.1001/jamanetworkopen.2023.40577>
- Skinner, M. K. (2014). Environmental stress and epigenetic transgenerational inheritance. *BMC Medicine*, 12(153), 1–5. <https://doi.org/10.1186/s12916-014-0153-y>
- Skopeliti, C., & Gecsoyler, S. (2023, March 30). 'Terrified for my future': Climate crisis takes heavy toll on young people's mental health. *The Guardian*. Retrieved April 15, 2024, from <https://www.theguardian.com/environment/2023/mar/30/terrified-for-my-future-climate-crisis-takes-heavy-toll-on-young-peoples-mental-health>
- Stear, T., Gutiérrez Muñoz, C., Sullivan, A., & Lewis, G. (2023, October 15). The association between academic pressure and adolescent mental health problems: A systematic review. *Journal of Affective Disorders*, 339, 302–317.
- Steiner, J. (2018). Time and the Garden of Eden illusion. *International Journal of Psychoanalysis*, 99(6), 1274–1287. <https://doi.org/10.1080/00207578.2018.1556072>
- Thunberg, G. (2019). *No one is too small to make a difference*. London: Penguin Random House.
- Trevarthen, C., & Aitken, K. J. (2001). Infant intersubjectivity: Research, theory, and clinical applications. *Journal of Child Psychology and Psychiatry*, 42(1), 3–48.
- Waddell, M. (2018). *On adolescence: Inside stories*. London: Routledge.
- Weiss, H. (2020). A river with several different tributary streams: Reflections on the repetition compulsion. *International Journal of Psychoanalysis*, 101(6), 1172–1187. <https://doi.org/10.1080/00207578.2020.1809155>
- Williams, P. (2007). Making time, killing time. In: R. J. Perelberg (ed.), *Time and memory* (pp. 47–63). Reprinted 2018: London & New York: Routledge.
- Winnicott, D. W. (1962/2016). Adolescence: Struggling through the doldrums. In: L. Caldwell, & H. T. Robinson (eds.), *The collected works of D. W. Winnicott: Volume 6, 1960–1963* (pp. 187–196). Oxford: Oxford University Press.
- Winnicott, D. W. (1965). *The maturational processes and the facilitating environment*. The International Psycho-Analytical Library (Vol. 64). London: The Hogarth Press and the Institute of Psycho-Analysis.
- Zsila, A., & Reyes, M. E. S. (2023). Pros & cons: Impacts of social media on mental health. *BMC Psychology*, 11, 201. <https://doi.org/10.1186/s40359-023-01243-x>